



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

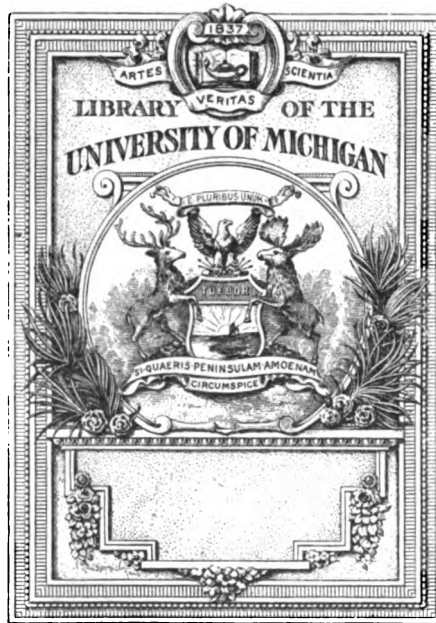
Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>



610.5
E46

Ellingwood's Therapeutist

A Monthly Medical Journal

**Of Direct Therapeutics; devoted to the study of the Direct
Action of Single Drugs as Applied to Exact
Conditions of Disease.**

**EDITED BY
FINLEY ELLINGWOOD, M. D.
Issued on the First of the Month.**

VOLUME 3, 1909

**Chicago Office, 100 State Street
Editorial Office and Office of Publication,
2209 Central Street, Evanston, Ill., (Chicago Suburb.)**

INDEX TO VOLUME III

LIST OF SUBJECTS

- Abdominal aneurism, 38
 Abdominal tenderness, 98
 Abortion, 137
 Achillea millefolium, experimentation with, 166
 Acid urine, hematuria and, 23
 A complex case, 414
 A comparison of heart remedies and their action, 186
 A committee on obstetrical teaching, 437
 Aconite, 351
 Aconite and Belladonna, 303
 Aconite in chronic and nonfebrile disease, 307.
 Aconite in pruritis of the anus and vulva, 321
 Aconite poisoning, a case of, 28
 A correction, 64
 Aqua cinnamon in diabetes, 428
 Action of echinacea, 383
 Active diuretic, eupatorium purpureum in, 78
 Acute Choryza in infants, 72.
 Acute nasal catarrh, 442
 Acute dilatation of the stomach, 392
 Acute endemic paraplegia from obscure cause, 335
 Acute peritonitis, 403
 Acute rheumatism, pilocarpine for, 183
 A diet list in albuminuria, 37
 Aesculus in the treatment of hemorrhoids, 426
 A first experience in obstetrics, 355
 A formidable skin disease, 212
 A formula for tubercular conditions, 224
 Albuminuria, 37, 68
 Albuminuria, a diet list in, 37
 Albuminuria in the early stage of pregnancy, 107
 Albuminuria in infants, 444
 A league for drug research, 102
 Alimentary albuminuria, 196
 A list of remedies, 140
 Alkaline medication, 433
 Aloes, 33
 Alopecia, treatment of, 140
 Alstonia in tuberculosis, 442
 Alum in ivy poisoning, 73
 A monstrosity, 344
 Amygdalus Persica, 342
 Anemopsis californica, 210
 Anesthesia in the field, 4
 Anesthesia, restoration from, 299
 Anesthetics, the after effects of, 188
 A new remedy for tuberculosis, 476
 An excess of sodium chloride, 254
 Angina pectoris, 304
 Anthemis nobilis, 58
 Antiquity of some drugs, 391
 Antitoxin and diphtheria, 443
 Anuria with cancer of the rectum, 193
 Aortic compression, 436
 A persistent skin disorder, 264
 A plea for specific statements, 424
 Apocynum, 354, 463
 Appendicitis, 97, 396
 Appendicitis, the diagnosis of, 36
 Appendicitis, libradol in, 62
 Appendicitis treated medically, 173
 Appetite and the food, 397
 Application of forceps, 190
 Are severe, painful and dangerous labors essential? 246
 Arnica internally, 62
 Arnica Montana, 16
 Arsenite of copper, 107
 Arsenite of copper as a diuretic, 435
 Artificial respiration in the new-born, 194
 Arterio-sclerosis, 299
 Asarum canadense as an emmenagogue, 145
 A science method of combatting disease, 373
 Asclepias, 350
 Asclepias tuberosa, 257, 275
 Aseptic fever, permanganate of potassium in, 25
 Asthma, oil of cedar in, 65
 Asthma, wintergreen in, 146
 A therapeutic fact, 343
 Atropine in dysentery, 263
 Atropine as a hemostatic, 178, 259
 A valuable formula, 262
 Avena, 272
 Avena Sativa, 114
 Backache, treatment for, 143
 Backache, in women, 69
 Bacteria in the urine, 392
 Baldo in hypertrophy of the liver, 72
 Baptisia, indications for, 237
 Barium chloride, 38
 Bed sores, 192
 Belladonna, 185, 352
 Belladonna in nerve irritation, 442
 Belladonna in pelvic peritonitis, 21
 Belladonna, physiologic action of, 379
 Bell's paralysis: a complicated case—ascending paralysis, 33
 Blepharitis, 182
 Berberis aquifolium, 57, 296
 Berberis for enlarged spleen, 306
 Bicarbonate of potassium, 475
 Biliary lithiasis, the prevention and cure of, 348
 Boerhaavia erecta, 63
 Boils and carbuncles, 112
 Bromides, the, 350
 Bromide of strontium, 37, 393
 Brucine, 156
 Bryonia in pelvic peritonitis, 21
 Bubos, 57
 Burdock seed in uterine disorders, 105
 Burns, 344
 Burning feet, 144
 Butternut and willow herb in chronic skin diseases, 329
 Caffeine, as a heart stimulant, 107
 Calendula as a surgical dressing, 55
 Calmette's ophthalmic reaction in diagnosis of tuberculosis, 169
 Campho-phenique, 180
 Cancer, 38
 Cancer, how I cured, 138
 Cancer of the stomach, the treatment of, 181
 Cancer of the throat and how I treated it, 60
 Cancer of the womb, 75
 Cannabis Indica, 32
 Cantharides in painful urination, 262
 Cantharis in pelvic peritonitis, 21

- Cantharides, tincture of, 88
 Capsella bursa Pastoris, 457
 Capsicum for persistent hiccup, 237
 Carbuncle, 65
 Carboic acid and alcohol, 340
 Cardiac epilepsy, 393
 Cardiospasm, 396
 Cardiac neurosis with indigestion, 385
 Care of the stump after amputation, 193
 Cathartics to children, 392
 Catarrhal endometritis, 417
 Cause of the disorders of pregnancy, 438
 Chalk as a bone maker, 385
 Chimaphila, 232
 Chionanthus, 335, 348
 Chirata in the cure of drunkenness, 269
 Chlorophyll, 120
 Chloroform anesthesia, 52
 Chloroform asphyxiation, inversion in, 93
 Chloroform in congestive chill, 181
 Chloroform externally, 148
 Chloroform and malaria, 214
 Cholera infantum, 142
 Chorea and epilepsy, 36
 Chorea, macrotys in, 141, 389
 Christian Science movement, 393
 Chronic arthritis, 143
 Chronic disease, treatment of, 266
 Chronic eczema, epilobium in, 348
 Chronic ulcers, 423
 Chrysanthemum leucanthemum, 249
 Chyluria, 386
 Cimicifuga racemosa in pleurisy and rheumatism, 111
 Citric acid, 231
 Classification in exact drug study, 227
 Coal tar derivatives, 390
 Cocaine, 108
 Cocaine in whooping cough, 218
 Cocillana, 231
 Cold as a cause of disease, 187, 264
 Cold feet, 197, 263
 Cold extremities, 98
 Collapse, 237
 Concerning fractures, 354
 Congestive chill, chloroform in, 181
 Congestive chills, whisky (?) and chloroform in, 86
 Conjunctivitis, 97
 Conjunctivitis, thuja for, 64
 Constipation, 65
 Constipation in childhood, 267
 Corns, treatment of, 66
 Coryza, 25
 CO₂ snow in dermatology, 413
 Cough cure, peculiar, 343
 Crataegus, 184
 Crataegus for the aged, 444
 Crataegus in diabetes insipidus, 130
 Crataegus, echinacea and, 11
 Crataegus oxycanthus, 12, 79, 271
 Crawley, 299
 Cretinism with thyroid extract, 393
 Cystitis, 78, 83

 Death of Dr. DuVall, 187
 Death of Dr. Wiley of Des Moines, 147
 Delirium of typhoid, hyoscine in, 101
 Dermatitis, 342
 Diabetes, 107
 Diabetes insipidus, crataegus in, 130
 Diabetes and syphilis, 444
 Diabetes mellitus, 427
 Diagnosis or therapeutics, 95
 Diagnostic points of disease in adults, 270
 Diagnosis of pregnancy before the third month, 173
 Diarrhea from the taking of food, 108
 Diet in typhoid fever, 113
 Differential diagnosis in typhoid fever, 155
 Differential diagnosis in typhus fever, 155
 Diffused muscular soreness, 233
 Digestion and the reflexes, 270
 Dilatation of the anus, 334
 Dioscorea for cramp-like pains, 214
 Dioscorea in hepatic disorders, 181
 Dioscorea villosa, 248
 Diphtheria, lobelia hypodermically in, 84
 Diphtheria, thuja and veratrum in, 108
 Diphtheria, treatment of, 299
 Disorders of the pregnant period, 425
 Disseminated sclerosis, 74
 Does calcaria flour act in the 6x potency? 253
 Dr. Gregg's case, 341
 Dropsy with complications, 135
 Dropsy, scurpious in, 111
 Dry eczema, 268
 Dry labor, 332
 Drugless healing versus medicine, 200
 Dysentery and enterocolitis, lycopus virginica in the treatment of, 15
 Dyspepsia, causes and treatment of, 233
 Dyspnoea from heart troubles, 233

 Earache, 66
 Ecchymosis, olive oil for, 269
 Echafolta as an intrauterine douche, 194
 Echafolta in renal hemorrhage, 90
 Echinacea, action of, 380
 Echinacea and Crataegus, 11
 Echinacea as a local anesthetic, 478
 Echinacea in hemorrhoids, 220
 Echinacea in infection, 383
 Echinacea in surgical conditions, 469
 Echinacea, local use of, 63
 Echinacea in pelvic peritonitis, 21
 Echinacea, physiologic action of, 300, 381
 Eclampsia, 60, 219
 Eclampsia and its treatment, 71
 Eclampsia treated specifically, 24
 Eclampsia, veratrum and digitalis in, 189
 Elastic bag in placenta prævia, 317
 Elecampane, 56
 Eclectic school of medicine, 332
 Eczema, 106, 436
 Eczema, weeping, 141
 Editorial brevities, 475
 Emmanuel movement, 68
 Enlarged prostate, the symptomatology and diagnosis of the, 99
 Enuresis, 341, 343
 Enuresis nocturna, 219
 Epilepsy, 129, 251
 Epilepsy, a formula for, 175
 Epilepsy, gelsemium in, 182
 Epilepsy, its cause and treatment, 465
 Epilepsy, suggestions in, 191
 Epilobium in chronic eczema, 348
 Epsom salts as a hypnotic, 478
 Equalizing the circulation, 442
 Ergot in acne, 75

- Ergotin in, 37
 Erigeron in tympanites, 22
 Eruptive fevers, a comparison of, 392
 Eryngium, 24
 Erysipelas, 291
 Erysipelas, magnesium sulphate solution in, 115
 Essential co-operation, 146
 Eucalyptus, 12
 Eucalyptus and turpentine in an atomizer, 185
 Eupatorium puerperum as an active diuretic, 78
 Euphrasia, 264, 347, 416
 Euphrasia indicated, 383
 Exactness, 143
 Exophthalmic goitre, 206
 Exophthalmic goitre and menstruation, 386
 Facial eczema, 223
 Facial neuralgia, 301, 466
 Fatty heart, 245
 Feeding gouty patients, 189
 Ferri ferrocyanidum, 411
 First principles in direct study of drug action, 308
 Flatulence of old age, 219
 For a perfect preparation of digitalis, 359
 Fraxinus Americanus, 157
 Frequent micturition, 317
 Gall-bladder disease and gastric ulcer, 298
 Gargling, 26
 Gastric ulcer, 73, 269
 Gastritis, 223
 Gastrointestinal pain, acute, 182
 Gelsemium, 351
 Gelsemium in childhood, 146
 Gelsemium in colds, 481
 Gelsemium in epilepsy, 182
 Gelsemium indications, 442
 Gelsemium in la grippe, 36
 Gelsemium and morphine, 94
 Gelsemium for pain, 180
 Gelsemium indicated in paralysis, 183
 General pruritis, 46
 Geranium in cancer, 303
 Geranium in severe gastric ulcer, 10
 Glottis, spasm of, 97
 Goitre, 280
 Goitre and its treatment, 362
 Gonorrhea, 108
 Gonorrheal stricture, 430
 Gonorrhea, treatment of, 352
 Hawthorn, English, 12
 Health in the Philippines, 473
 Heart in childhood, 346
 Heart pain and smothering, 96
 Hematuria, 478
 Hemorrhoids, 344
 Hemorrhoids, echinacea in, 230
 Hemorrhoids, local treatment of, 96
 Hemorrhoids, the cause of, 191
 Hepatic disorder in dioscorea, 181
 Heredity of sudden death, 477
 Herpes Zoster, 96, 318
 Hoarseness and croup, 383
 Hot olive oil for sterilization, 444
 How I cured a cancer, 138
 Hydrangea, 430
 Hydrobromic acid in typhoid delirium, 185
 Hydrochloric acid in therapeutics, 194
 Hypertrophy of the prostate gland, 171
 Hysteria, 57
 Ichthyol, 137
 Ichthyol to restrict suppuration, 90
 Ignatia for nervousness in labor, 64
 Ignatia and nux vomica, 429
 Importance of correct diagnosis, 479
 Impotence, 340
 Improvement in method, 92
 Incontinence, thuja in, 23
 Incontinence of urine, 429
 Increase of cancer, 478
 Indication for acids, 310, 385
 Indications for alkalies, 311
 Infantile colic, 266
 Infantile constipation, 320
 Infantile convulsions, 409
 Infantile urinary retention, 343
 Inherited syphilis, 476
 Injection of ergot into the muscular structures of the womb, 478
 Insanity in women, 108
 Insufficiency of the aortic valve, 393
 Insufflation for sore throats, 145
 Intrauterine medication, 135
 Intrauterine use of the galvanic current, 218
 Intra venous injections in consumption, 444
 Iris versicolor, 394
 Iritis, 305
 Is carbuncle contagious? 254
 Is it appendicitis? 217
 Is it pellagra? 458
 Ivy poisoning, alum in, 73
 Jatropha stimulosus, 438
 Justifiable abortion, 477
 Kaolin, 66
 Kava Kava for pruritus, 98
 Keep the patient warm, 189
 Keratosis, 298
 Labor, ignatia for nervousness in, 64
 La grippe, gelsemium in, 36
 Lead poison, diagnosis of, 150
 Leucorrhea, 66
 Libradol in appendicitis, 62
 Lithemia, 233
 Lithemic case, 94
 Lobelia inflata, 1, 88, 185, 301
 Lobelia in diphtheria, 216
 Lobelia hypodermically, 300
 Lobelia hypodermically in diphtheria, 84
 Lobelia hypodermically in pneumonia, 178
 Lobelia hypodermically, my first use of, 97
 Lobelia to increase the expulsive power of the womb, 111
 Lobelia injections in asthma, 300
 Lobelia injection, pain from, 184
 Lobelia, my experience with, 175
 Local anesthesia, 391
 Locomotor ataxia, 467
 Locomotor ataxia, acute, 33
 Lupulin, 442
 Lycopus, 344
 Lycopus virginica, 256
 Lycopus virginicus, 27
 Lycopus virginica in the treatment of dysentery and enterocolitis, 15
 Macrotys, 184, 192
 Macrotys in chorea, 141
 Macrotys as a parturient, 148

- Macrotys—recurrent boils, 468
 Malaria, 133, 323, 415
 Malarial and yellow fever infection, an antidote to, 92
 Mammary tumors, 324
 Mangifera; 341
 Mangifera indica, 241, 303
 Mania and melancholia, 108
 Matricaria, 273
 Measles, 300
 Mechanical therapeutics, 339
 Medical treatment for wounds, 480
 Medical treatment of appendicitis, 430
 Melilotus, 65
 Membranous dysmenorrhea, 243
 Menispermum canadense on the mind, 111
 Mercury, 107
 Mercurius corrosivus in pelvic peritonitis, 21
 Metritis, suggestions, 167
 Metorrhagia at the menopause, 383
 Migraine, a case of, 170
 Minor points in the diagnosis of children's diseases, 269
 Mitchella repens in pelvic peritonitis, 21
 Monobromate of camphor, 442, 468
 Monobromate of camphor as a child's sedative, 108
 Morning sickness, 144
 Mosquito and its relation to disease, 121
 Muscular cramps, 150
 Muscular cramp, viburnum in, 107
 My experience with intrauterine medication, 17
 Nephritis, 237
 Neurasthenia, the diagnosis of, 270
 Neurasthenia, treatment of, 74
 New theories of catching cold, 471
 Nitric acid in the cure of warts, 220
 Nocturnal emissions, 385, 467, 468
 Nocturnal emissions—psychic methods, 462
 Nocturnal enuresis, 262
 Nymphomania, 443
 Obstetrics, and experience in, 331
 Obstetrical methods—Herpes Zoster, calc. flour, 339
 Obstetrical therapeutics, 365
 Obstetrical training and obstetrical methods, 102, 260
 Obstruction of the bowels, 47, 114
 Occipital pain, 149
 Oil of cedar in asthma, 65
 Oil of sassafras, 61
 Oil in treatment of stomach affections, 192
 Oil in tuberculosis, 439
 Olive oil in the diseases of the stomach, 117
 Olive oil in snake bites, 66
 Operating in appendicitis, 465
 Orchitis, 133
 Origin of dropsy, diagnosis of the, 150
 Original thinking and exact knowledge, 431
 Otitis media, 64
 Painful character of lobelia injections, 222
 Painful urination, remedies for, 138
 Painless lobelia injection, 300
 Palladium in pelvic peritonitis, 21
 Papaw, 107
 Paralysis, gelsemium indicated in, 183
 Parenchymatous nephritis in, 37
 Paroxysmal tachycardia, 395
 Passiflora in the sleeplessness of tuberculosis, 62
 Pediatrics changes hands, 482
 Pellagra, 221, 376, 476
 Pellitory of the wall, 330
 Pelvic abscess, 361
 Pelvic peritonitis, 20
 Persistent constipation, 303
 Persistent headaches, 428
 Permanganate of potassium in septic fever, 25
 Persistent vomiting, 144
 Phenic acid, 384
 Phosphorus elimination, 472
 Phosphorus in diabetes, 191
 Phosphate of soda, 185
 Physiological action of drugs, 421
 Phytolacca, 352
 Phytolacca Decandra, 7
 Placenta previa, 111
 Platina in pelvic peritonitis, 21
 Pleurisy and rheumatism, cimicifuga racemosa in, 111
 Pneumonia, 145
 Pneumonia, abortion of, 96
 Pneumonia, hypodermic lobelia in, 183
 Pneumonia in infants, 101
 Pneumonia, specific suggestions in, 170
 Pneumonia, treatment of, 440, 41
 Points in diagnosis, 99
 Polygonum, 258
 Polygonum punctatum in amenorrhea, 237
 Polyuria occurring during pregnancy, 317
 Potassium bitertrate, therapeutic action of, 231
 Potassium iodide, 351
 Powder marks, 97, 144
 Practical points from the Illinois state meeting, 303
 Pregnancy, vomiting of, 37
 Prevention of tonsillitis, 480
 Prevention of retroversion of the uterus after child-birth, 196
 Professional pure mindedness, 307
 Propaganda, the great, 18
 Prostatic enlargement, 224
 Pruritis, 183
 Pruritis hiemalis, 89
 Pruritis pudendi, 237
 Psychology of neurasthenia and hysteria, 75
 Ptelia, 466
 Puerperal convulsions, veratrum in, 23
 Puerperal eclampsia, 59
 Puerperal eclampsia in a child, 444
 Pulsatilla in pelvic peritonitis, 21
 Puna, 392
 Queries, 25
 Quinine, 350
 Radium, 392
 Ranula, 181
 Rational drug therapy, 474
 Rattlesnake bite—a case, 252
 Recto vaginal fistula, 444
 Reflex headache in hypertrophy of the turbinate bodies, 78
 Regurgitation of food, 237
 Relation of carcinoma uteri to fibroids, 76
 Relief of pain without opium or its salts, 287
 Remedies for tongue indications, 152
 Reminiscences, 176
 Removal of the healthy appendix, 475
 Removing of both ovaries during pregnancy, 306
 Renal hemorrhage, Echafolta in, 90
 Restoration from drowning, 477
 Restriction of the pelvic circulation in operations, 479
 Results of dissipation, 185
 Rhus poisoning, libradol, 230

- Rhus tox and asepsin, 222
 Rhus tox in pelvic peritonitis, 21
 Rhus toxicodendron, 29
 Ringworm, 145
 Rubus odoratus, 37
 Salts of the earths, 311
 Salt and sugar as a cause of fevers, 189
 Salt as a test of kidney function, 433
 Save the perineum, 164
 Saw palmetto, 108
 Scabies, 146
 Scarlet fever, 295, 325, 390
 Sciatica, 305
 Scoparius in dropsy, 111
 Scrotal tumors, diagnosis of, 101
 Scutellaria laterifolia, 274, 116
 Seminal emissions, 287
 Senecio, 14, 275
 Septic infection, a case of, 183
 Severe headache, 38
 Shepherd's purse, uric acid in, 72
 Significance of abdominal tenderness, 398
 Skepticism and specific methods, 424
 Skullcap insomnia, 442
 Sluggish venous circulation, 75
 Smallpox and la grippe, 107
 Snake bites, olive oil in, 66
 Sodium phosphate, specific indication for, 26
 Sodium salicylate in tonsillitis, 72
 Some clinical suggestions, 97
 Some influences of prolonged lactation, 307
 Some of the old compounds of lobelia, 389
 Some practical don'ts, 422
 Sore throat of scarlet fever, 302
 Spasmodic croup, 101
 Specific action of rhus tox, 384
 Specific diarrhea, 437
 Specific diagnosis and specific medication, 393
 Specific indications for common remedies, 350
 Specific medication, 355
 Specific suggestions in nervous disorders, 442
 Specific remedies, 191
 Spermatorrhea, 133
 Stammering, a cure for, 149
 Static, galvanic and faradic electricity, 215
 Sterilization of criminals, 70
 Stool of the newly-born, 389
 Streptococic infection of the uterus, 163
 Strontium bromide, 442
 Stubborn ulcers, 146
 Subnormal temperatures, 104
 Succinate of sodium, 427
 Suggestive pointers, 257
 Suggestions for the cure of pneumonia, 433
 Suggestions in specific lines, 250
 Suggestions in the treatment of phthisis, 19
 Sulpho-carbonate of sodium for flatulence, 282
 Sulphur externally, 223
 Sulphite of soda, 38
 Sulphite of soda in eczema, 297
 Summer diseases of children and their remedies, 313
 Superficial burns, picric acid in, 443
 Surgical dressings, to stiffen, 98
 Sweet milk in acute disease, 133
 Sycosis, 145
 Symbiosis, and a new use of remedies, 436
 Symphoricarpus, 37
 Syphilis, treatment of, 23
 Tampons for constipation, 258
 Tapeworm, 111
 Tardy eruption, 301
 Teaspoonful dose, the, 443
 Tetanus, lobelia inflata with veratrum in, 302
 The advance in therapeutics, 475
 The battle is on, 187
 The bed pan—alcoholics, 252
 The benign character of uterine fibroids, 439
 The brand of the beast, 142
 The calomel habit, 244
 The causes of disease, 418
 The cause of the trouble, 197
 The cause and treatment of diabetes, 431
 The cry of the child, 32
 The determination of sex, 347
 The diagnosis of appendicitis, 36
 The doctor's humanitarianism, 54
 The dose of echinacea, 466
 The essential principles of nutrition with reference to the dieting of pregnant women, 445
 The evolution of the drug, 203
 The forgotten fact, 187
 The gall bladder from a surgical standpoint, 459
 The great propaganda, 18
 The indicated remedy and that only, 55
 The liver and pancreas in diabetes, 469
 The meat of the nut, 225
 The method that cures, 22
 The opercular method for the cure of hernia, 17
 Theorizing, 387
 The passing of sectarianism in medicine, 225
 The real cause of consumption, 261
 The reflexes in anesthesia, 470
 The salivary glands in fever, 432
 The secretory and excretory glands in fevers, 306
 The skin, 358
 The specific method, 378
 The state society and drug study, 229
 The temperature in anesthesia, 476
 The tissue remedies, 27
 The treatment of disease and deformity due to scar tissue, 71
 The treatment of rheumatism with buckbean, 419
 The treatment of varicose ulcers, 124
 The Youth's Companion, 482
 The Texas State Eclectic Medical Society, 481
 Throat tickling, 96
 Thuja, 422
 Thuja for conjunctivitis, 64
 Thuja in incontinence, 23
 Thuja occidentalis, 13
 Thuja and veratrum in diphtheria, 108
 Tibial ulcers, bandaging, 25
 Tincture of copper, 139
 Tinea trichophytina capitis, 184
 Tissue remedies for foreign growths, 61
 To abort a cold, 25
 Tobacco, baneful influence of, 112
 Tongue as a clinical guide, 232
 Tongue indications, 139
 Tongue indications, remedies for, 312
 Tongue in specific diagnosis, 150
 Tonsillitis, 57
 Tonsillitis, treatment of, 24
 Toothache, the treatment of, 36
 To prevent eclampsia, 480
 To promote digestion, 359

- Toxemia in pregnancy, 316
 Trained nurses, 448
 Treatment chronic conditions, 473
 Treatment of diphtheria, 223
 Treatment of fever in pneumonia, 304
 Trusting too much to memory, 388
 Tuberculosis, 91
 Tuberculosis vaccine, 180
 Tuberculous peritonitis, 76
 Turpentine, 351
 Turpentine in typhoid, 23
 Two important papers, 147
 Tympanites, erigeron in, 22
 Typhoid fever, 134, 342, 453
 Typhoid fever, differential diagnosis, 155
 Typhoid fever, treatment of, 160
 Typhoid, turpentine in, 23
 Typhus fever, differential diagnosis in, 155
 Urethral stricture, galvanism in, 182
 Urinary incontinence, 25
 Urinary irritation, 143
 Urticaria, 177
 Uses of carbolic acid, 211
 Ustilago maydis, 105, 479
 Uterine cancer, 444
 Uterine displacements and how to manage them, 234
 Uterine disorders, prophylactic of, 188
 Uterine fibroids in, 37
 Uterine hernia with pregnancy, 256
 Uterine inertia, 317
 Valvular lesions, diagnosis of, 149
 Varicose ulcers, treatment of, 127
 Varicose veins, 75
 Varicose veins and ulcers, the treatment of, 40
 Veratrum, 192, 352, 479
 Veratrum in eclampsia, 441
 Veratrum and digitalis in eclampsia, 189
 Veratrum in puerperal convulsions, 23
 Veratrum, too much, 141
 Verbascum, 222
 Verbena hastata, 224
 Viburnum, 105
 Viburnum opulus, 61
 Vomiting of pregnancy, 37
 Was it typhoid with collapse? 337
 Washing out of the colon, 398
 Warts, 98
 Weeping eczema, 220, 221
 What is life?, 205, 338
 Whisky (?) and chloroform in congestive chills, 86
 White vaseline in erysipelas, 263
 Whooping cough, treatment of, 61
 Will you do your part? 225
 Wintergreen in asthma, 146
 Words without knowledge, 147
 Xanthoxylum, 118
 Yellow fever, 125

LIST OF CONTRIBUTORS

- Abbott, L. R., 60
 Abbott, W. C., 4, 156
 Andrus, F. M., 362
 Andrews, J. C., 414, 331
 Baker, J. M., 177
 Baker, V. A., 83, 299, 370
 Barber, F. A., 223, 255
 Barnes, W. E., 290
 Bechtel, E. E., 114
 Benndorf, T. F., 181
 Bettencourt, M. F., 7, 52
 Billingsley, C. L., 182
 Black, H. W., 182
 Blair, Thos. S., 18
 Blankmeyer, H. H., 468
 Bloss, F. S., 183
 Boehm, Chas., 250
 Bowman, C. F., 411
 Brasher, M. C., 341
 Braswell, R. O., 459
 Brower, J. J., 116
 Brubaker, M. M., 275
 Buckmaster, G. W., 344
 Budd, G. A., 122
 Bundy, W. D., 416
 Burgess, Wm. H., 299
 Busby, I. N., 13
 Butler, Geo. F., 251
 Cain, J. V. M., 167
 Carey, W. W., 297
 Carriker, N. J., 17, 264
 Carter, Fred H., 466
 Christian, H. M., 99
 Clark, A. H., 361
 Clark, A. L., 176
 Cleary, W. W., 98
 Clopton, R. A., 175
 Cole, I. V., 166
 Cook, N. M., 185, 218
 Cooper, M. A., 14
 Courtwright, C. O., 137, 215
 Couture, Ella Richardson, 20
 Cowden, S. H., 341
 Cowie, W., 298
 Doan, E. B. W., 11
 Donaldson, W. J., 180
 Dowdell, Charles, 16
 Downs, L. S., 144
 DeMar, L. H., 182
 Dewees, N. M., 145, 339
 Dyal, Sukh, 340
 Eaton, John B., 57, 141
 Edgington, B. F., 458
 Edwards, C. P., 409
 Edwards, D. H., 194
 Farnum, E. J., 280
 Fearn, John, 56, 210, 249, 301
 Fearn, W. H., 263, 264
 Felter, H. W., 150, 376
 Framptom, G. H., 419
 French, J. M., 224
 Field, D. L., 179
 Fitzpatrick, H. P., 413
 Forbes, F. L., 385
 Fowler, W. R., 172
 Gammage, A. E., 243
 Gerald, F. L., 344
 Gordon, B. L., 93
 Gordon, W. S., 91

- Graves, N. A., 211, 283
 Gray, Robert, 373
 Gregg, E. H., 264
 Hall, M. F., 90
 Hanson, G. H., 421
 Harrison, F. O., 241, 453
 Harvey, G. W., 244, 254
 Helbing, H. H., 466
 Henschen, G. E., 260, 462, 468
 Herington, W., 467
 Hewett, A. C., 86
 Hill, Wm., 92
 Holman, S. J., 329
 Houser, W. W., 180
 Houts, O. W., 145
 Howard, J. M., 217, 335, 337
 Howland, F. W., 58
 Jenney, C. M., 188
 Jensen, T., 15, 57, 142, 464
 Jentsch, E., 1
 Jernigan, A. W., 79, 130
 Jernigan, R. M., 59
 Jones, E. D., 131
 Jones, Eli G., 60, 200, 250, 332
 Jones, E. S., 257
 Kinnett, W. E., 239
 Langford, W. L., 90
 Lass, Daniel, G., 89, 129
 Layton, I. E., 261
 Leming, D. W., 335
 Leming, W., 88, 256, 296, 422
 Lloyd, John Uri, 120
 MacDonald, J. A., 221
 McCann, J. D., 183
 McRoberts, W. J., 263
 Mendell, E. A., 320
 Meyer, J. L., 143
 Miles, W. E., 378
 Mitchell, Carl, A., 248, 356
 Montgomery, L. H., 466
 Montgomery, S. H., 262
 Moreland, S. W., 55
 Morrill, Ralph, 160, 422
 Morton, C. F., 386
 Munns, C. O., 113
 Murphy, C. H., 365
 Murphy, W. A. S., 224
 Musgrove, Thomas W., 141
 Neil, James, 330
 Niederkorn, Joseph S., 138, 423, 463
 North, A. G., 386
 Owen, F. W., 143
 Padgham, E. G., 214
 Palmer, Dr., 230
 Palmer, H. G., 175
 Parks, G. F., 457
 Pineles-Montagu, F. A., 19, 171, 182, 245, 254
 Pollard, F., 385
 Pollock, Wm. J., 325
 Pratt, E. B., 264
 Pratt, S. B., 10
 Price, F. E., 391
 Price, M. G., 263
 Price, P. F., 170, 380
 Quincey, W. C., 144
 Reppeto, A. O., 468
 Rice, J. P., 121
 Roberts, M. D., 183
 Roby, Wm. C., 384
 Rosenberg, J. H., 134
 Rosenberg, M. E., 137
 Rosenwasser, Marcus, 234
 Royce, W. S., 40, 340
 Ruff, D. E., 252
 Sanderson, I. E., 301
 Schreiber, W., 17
 Scott, Lockburn, B., 127
 Scudder, J. K., 303
 Shadid, M., 344, 355
 Shaver, O. G., 467
 Shaw, J. W., 181
 Shields, J. S., 253
 Simmons, John, 418
 Shoemaker, John V., 155
 Sisca, N., 164
 Smith, J. E., 212
 Souther, Chas. T., 114
 Standlee, John B., 417
 Stephens, J. T., 219
 Taylor, R. B., 342
 Tell, A. W., 170
 Thakur Ram Dhari Sinha, 133
 Thompson, A. S., 173, 216
 Thomason, F. G., 383
 Thornton, F. E., 224
 Tucker, Henry, 115
 Tyson, Jason, 163
 Vance, U. G., 135
 Von Martinetz, S. T., 55
 Walker, L. G., 141
 Wark, David, 467
 Watkins, J. M., 135
 Watkins, Lyman, 358
 Waugh, Wm. F., 203, 220, 260, 322
 Webster, Herbert T., 321
 Williams, T. F., 468
 Whitford, H. K., 143
 Whitford, Lena R., 252, 425
 Wilkenloh, Margaretha, 84, 287
 Willard, J. F., 218
 Williams, F. H., 144
 Whitford, E. P., 465
 Wilmeth, F. L., 47
 Wolfe, J. L., 424
 Wright, E. M., 258
 Wright, Geo. R., 178
 Yates, James, 146
 Young, W. H., 214, 379

Ellingwood's Therapist

A MONTHLY JOURNAL OF
DIRECT THERAPEUTICS

VOL. III

JANUARY 15, 1909

No. 1

Leading Articles

SPECIFIC INDICATIONS FOR LOBELIA INFLATA USED HYPODERMICALLY AND A STUDY OF ITS ACTION WHEN SO USED

E. JENTZSCH, M. D. C., M. D., CHICAGO

It is quite certain that the drug is non-poisonous, when so given. In a series of experiments performed by me on dogs ranging in ages from a few weeks to twelve years, I failed to elicit any poisonous symptoms, giving it in two dram doses every three hours to the number of six injections. With these animals the first dose caused emesis, but it was not subsequently induced, and they were all well and hearty after thirty-six hours. During the period of lobelia administration, the only symptoms noted, besides the emesis after the first dose, were moderate increase in salivation, a slight reduction and softening of the pulse, likewise a slowing of respiration. The animals were listless, bordering on hypnosis, but alert and conscious when spoken to.

This experiment was undertaken principally for the purpose of establishing the poisonous or nonpoisonous properties of the drug when so given. I am entirely satisfied that it is nonpoisonous. I give this information in good faith as I did the former in regard to lobelia in diphtheria, with a desire to benefit all who may be inclined to profit by it. Bearing in mind that I am only speaking of its hypodermic use.

The principal action of this drug so used is that of a restorative to the centers of circulation and enervation, primarily, and secondarily it acts as a cardiac and respiratory tonic. It quickly restores the powers of control to these centers, thereby equalizing the entire nervous and circulatory system. Especially is this liable to be found so in those conditions, or diseases, where the cerebral circulation is notably affected. It is a mild hypnotic, which is ascribable to its power of relieving both cerebral congestion and anemia. Strictly speaking, it cannot be classed as a stimulant or as a sedative, but it will promptly act as either, according to whether sthenia or asthenia is present. It is an anodyne. This action is caused by the same phenomena as mentioned before; likewise its exhilarating and tonic effect. It is a relaxant only in so far as this influence is permitted by its equalizing action upon the circulation. In doses varying from one-half dram to one dram respectively, either for a child or adult, I have not found it either a depressant or an emetic. This I conclude from my personal, clinical observations of at least eight hundred injections.

So used this agent is a powerful antidote to poisoning of any sort, bacterial or otherwise, but especially to diphtheria. I have just now concluded the treatment of four cases of diphtheria in one family, where the mother and three children were affected. The history of this family affliction is interesting and deserves mention, because I am quite positive that without this lobelia treatment, it would have proven a calamity to that family. While on account of this treatment it can only be considered an inconvenience.

On October the fourteenth, last, Mr. Warner, the father of the child first affected came to my office inquiring if I was the doctor that wrote about lobelia for diphtheria, to which I answered "Yes." He then told me that his little girl was sick with diphtheria. Another doctor having made the diagnosis and because I was so sure of curing diphtheria he would like to have me treat the child. I promptly consented, went to see the patient, a little girl 7 years old, and confirmed the diagnosis, which was unmistakable. I gave her one injection of lobelia and with the treatment mentioned before in a paper on the subject the child was well in four days. I so reported the case to the Health Department and all quarantine restrictions were removed within two weeks from the time the child was taken sick.

On Nov. 1st was again called and found the older child, a girl aged 13, affected. This proved to be one of my most virulent cases, from an objective point of view. This patient has a goitre which caused alarming tachycardia, that is alarming to me alone, because she did not complain much of anything, such as pain in the throat or dyspnœa.

This is true of all patients in my experience, treated by this method. It not only saves the patient, but it spares the patient distressing pain, dyspnœa and to a great extent post diphtheritic sequelæ.

Although there was extensive membranous involvement of the nose and throat she got along well at first, the deposits beginning to disappear on the third day, but they lingered until the fifth day when the edema

and deposit again became progressive with even greater virulence than before, to such an extent that the air passage was almost entirely occluded. In addition bloody serum oozed from her nose almost continuously, making it necessary to change the bed linen several times a day, besides she had several quite severe epistaxes. This was a genuine hemorrhagic case of diphtheria.

Here I might say, that although outwardly I was as confident as a confirmed republican was of the country's safety at the last election, inwardly I entertained the gravest misgivings that this might prove my first failure with lobelia. Not so much because it was a severe case of diphtheria, but because the goitre with the tachycardia was a dangerous complication. Several times I found myself arguing that it would be better for me to ask for consultation, with the view of dividing responsibility, but I knew that it would mean the cessation of my treatment and the administration of a big dose of serum-antitoxin, with the consequence that in this case, with the serious complications, death would have naturally followed. Likewise did I know that at this stage no matter whether the patient would have died with or without the serum-antitoxin, I was sure of the official and unofficial censure and criticism in whispers and shouts for daring to treat contrary to the official dictum. Besides I was determined to give this patient the full benefit of the lobelia treatment, therefore, I stuck to the ship and landed her safely in the harbor of health, and in such a short time that one not familiar with the usual outcome of this treatment might be prone to doubt. The girl was well within two weeks from the time she was taken sick.

This result was brought about by simply increasing the dose and frequency of the vegetable diphtheria antidote (sp. lobelia inflata.) This patient bears the distinction of receiving the most injections I have ever given in a single case. She received, within nine days, fourteen injections of seventy-five minims each, besides a few smaller doses.

While this girl was sick the mother contracted the disease, in a moderately severe

form and another boy with a mild form. They now are all well and none the worse for their experiences. I am citing the history of these cases on account of their recent occurrence and as part proof of my assertions.

The antidotal action of this remedy differs in many respects from the serum as follows: It gives results quicker and with much greater certainty than the serum; its administration is not followed by a negative opsonic stage. (In other words by a depression.) It is a steady and reliable supportive. It prevents pain, and dyspnea, consistently, and to a large extent post diphtheritic sequelæ. It causes no unpleasant symptoms, ascribable to the drug action, and last, but not least, it has in my hands saved every diphtheria patient treated within the last four years.

As alluded to before the indications are principally where the vital centers (the governing centers) of enervation and circulation are impaired, in other words where these centers are losing control. This leads me to believe that diphtheria as it is now classified and considered is preceded by a pre-diphtheritic stage. A condition in which the system is a suitable culture medium for these bacteria, and that the development of these bacteria is a secondary stage of the disease. The primary stage is a disordered condition of the centers of enervation and circulation, whereby these centers are unable to properly perform their functions. That this is probably so is demonstrated by the fact that just as soon as this primary condition is treated, with a view to restoring the functions of these centers (which lobelia will do), the bacteria complication will yield and disappear.

In the infectious character of diphtheria the bacteria, being the primary cause of the disease, which statement, when qualified, I have no intention to dispute, I contend that only bacteria recently derived from suitable media are able to produce this result. To be plain only germs recently coming from diphtheria patients (or from the artificial culture media) act as contagion,

and why? Because they are then immersed and carry with them the substance on which they nourish and which is necessary for their propagation. I doubt if the impairment and death of bacteria is due so much to the excretion of an antitoxin emanated by these bacteria as to the exhaustion of the substance from which they nourish. It is not very likely that an immunizing antitoxin circulates throughout the system for seven years after an individual had the smallpox or cowpox, which is said to protect them for this length of time, but it is to me more rational to believe that the substance necessary for bacterial growth is exhausted.

Pronounced and acute loss of enervation by itself evidenced by cerebral disturbances is an important indication for this remedy. It is difficult to determine which of the two is primary. It is however certain that the remedy has a powerful and pronounced remedial action upon disorders of the centers of enervation, which I have observed in many such cases, particularly in the following which I have selected: First case, apoplexy. A man aged 61. Hemiplegia of the right side unconscious, unequal pupils, stertorous, breathing, inability to swallow, rectal temp. 103°. He was given half of a dram of specific lobelia every 10 minutes. The patient regained consciousness, was able to talk and swallow within an hour after receiving four doses. He made a complete recovery in about one year.

The second case was one of five cases of insulation, all recovering in a similar manner by the same treatment. Mr. C., aged 35, was overcome in the shop, but was prostrated in the street car, where he completely collapsed. After an hour's ride he was carried into a drug store and I was called. I found him literally in a dying condition, radial and carotid pulse, imperceptible, cardiac beat, elicited by the stethoscope about 30 per minute. No pupillary or ophthalmic reflex; no irritation reflex; respiration about ten per minute, cold sweat in patches, deathly pallor. I gave forty-five minims of specific lobelia with 1-30 of strychnine. The man was able

to talk and gave his name and address in 30 minutes, when the ambulance arrived.

Third case. Man aged 33. A carpenter, fell off a building and sustained a fracture of the vault of the cranium, producing extensive bone compression, which I so diagnosed at my arrival. He was unconscious, bleeding from right ear, slight response to irritation. I gave one dram of lobelia, ordered him to be taken to the hospital and prepared for an immediate operation. There he was examined by several doctors, including the family physician, who then doubted my diagnosis, as the patient had regained almost complete consciousness from the lobelia, besides the pulse and respiration were nearly normal. However I knew this to be due to the action of lobelia, therefore I maintained my original diagnosis. I was retained in the case with the family doctor and advised operation as soon as pressure symptoms returned, which I knew would not be long in coming.

This happened in the morning. Towards evening I was called up from the hospital and informed that the patient was in a precarious condition. Responding to the call I found the patient unconscious, temperature 103° , stertrous breathing, etc. This time the interne agreed with my diagnosis. We decided that an immediation operation was imperative and so informed the family. While waiting for the family I gave another dose of lobelia, with the result that the patient again improved to such an extent that when the family doctor arrived it caused him to be still doubtful, counseling further delay. This time I made it plain that if I was not permitted to operate immediately I would not assume further responsibility. Thereupon I was dismissed from the case. After another twenty-four hours' delay the patient was operated upon by some other surgeon who confirmed my diagnosis. The patient died shortly after the operation. This last case seems to me to be an exceptionally interesting one in so far as it shows the powerful actions of the drug.

Fearing to be too lengthy I will conclude by mentioning the diseases in which I have

successfully used this remedy, and others where the indications for others were present and where this remedy should be remembered: Diphtheria, apoplexy, acute alcoholism, shock, emphysema, pneumonia, insolation, tetanus and embolism. I suggest this use of the remedy in acute insanity, hysteria, hydrophobia and meningitis. As a precautionary measure, as a parturient in obstetrical practice, in conjunction with Abbott's H-M-C tablets, with the view of avoiding any unpleasant symptoms from this anesthesia. I use it when indicated in every case of obstetrics with the H-M-C tablets in ten drops with the best results. I am writing this treatise at this time with a desire to aid those that are contemplating its use, and to save the lives of those who will be saved by it, because I believe there is no other remedy known which will do as much in this respect. I have not mentioned contra-indications for the simple reason that I have not discovered any as yet. This I think is not due to a lack of observation on my part, but because the remedy is so very harmless. Please take note of this last fact mentioned. The remedy is nonpoisonous, nonemetic, nondepressant of course, when given in rational doses as indicated. This is true, no matter what may be said about the action of this drug when given otherwise, whether you read it in the U. S. P. or any other book of authority. It is the peer of life savers and if the reader will bear this in mind it will, I am sure, often prove the means of rescuing a patient who would otherwise die. It is safe to say that where there is danger of impending death from acute conditions the remedy is indicated whether you think of it first or last.

ANESTHESIA IN THE FIELD

W. C. ABBOTT, M. D., CHICAGO, ILL.

During the past year a number of articles have appeared in the medical journals treating of the administration of the ordinary volatile anesthetics. The trend of these papers, without a solitary exception, has been to urge the limitation of these powerful agents to the hands of specially skilled ad-

ministrators. Good! That is as it should be.

Dr. Littig, a distinguished surgeon of Iowa, in a detailed hunt for H-M-C mortality (which he did not find) last year, collected and published a list of seventy deaths occurring in that state from the use of these anesthetics. The occurrence of thirty-nine deaths out of about 100,000 administrations at Guy's Hospital, as reported sometime since, has led the British authorities to insist that the volatile anesthetics be restricted to professional specialists in their application. Certainly this can only be because the authorities consider these remedies perilous. While this is a mortality of but one in 2564, it is too large provided any of these patients could have been saved by the substitution of any other anesthetic.

My mail this morning brought me the following items from a clipping bureau: At Muskogee, Okla., F. V. Burtis died on the operating table while having a broken leg reset. At Minot, N. Dakota, a chambermaid died from chloroform and the doctor was held to the district court on his own testimony. Prosecutor Heney at San Francisco was reported as suffering a setback due to the effect of the anesthetic on his kidneys. At Columbus, Ohio, Catherine Bobb, a child of eight years, died in the doctor's office shortly after the administration of an anesthetic preparatory to an operation. The doctor testified: "Death was due to anesthesia, which is apt to occur in the experience of any surgeon. There are many such cases on record, it is said, in which, for some unexplainable reason, the human organism yields to the anesthetic." At Sloan, Iowa, Mrs. A. M. Fecor died in the dentist's chair after having had teeth extracted under chloroform administered by a physician.

In addition, a Chicago paper states that two physicians of that city attended a woman for some ailment of the hand; they desired to employ an anesthetic which she refused, being afraid of it; and not availing themselves of the peculiar adaptability of the H-M-C tablets in just such emergencies, the results were such that the doctors

are now defendants in a \$20,000 malpractice suit.

These are a few of the stray items that occasionally creep into the newspapers (not into the *J. A. M. A.* and her fearsome brood of course) and illustrate the true state of affairs that prompts this demand that these anesthetics, ether and chloroform, should be exclusively administered by skilled specialists. But—while this may do for the big city hospitals and college clinics, what is the real doctor to do? He cannot lug a special anesthetist about with him on the chance that there may be an accident some day. When he is called to an accident he must grab his emergency bag (as his regular practice-case always should be) and run. It may be that a man has fallen against the circular saw at the sawmill; or a tree has fallen on somebody and crushed him; or the doctor may have on his hands a carload of wounded from a railway accident. Anyway, he is called on to give relief and that at once. The man may die of pain while being transported to a hospital—and after all is the American doctor so weak in professional attainments that he has to send all his surgery to the hospital? What shall he do?

Take the railway accident with a number of injured, all suffering, dying, clamorous for instant attention. Is the doctor to wait till he has a special anesthetist for each case? Not much—he takes out his hypodermic syringe and his vial of H-M-C tablets, and he gives every patient a "shot" that puts him at his ease; then he takes up the work, beginning with the worst cases while the rest wait contentedly now that they are relieved from pain and apprehension. He finds that the objections to whatever operative measures he counsels have subsided; there is no dread of anesthesia, or terrified protests against "the knife;" no life-destroying delays.

The pre eminent fitness of this anesthetic resource for accidental or emergency surgery is established by thousands of witnesses, men who have tried it themselves and are not to be scared away from a useful remedy by others who have not tried it but presume to

speak from a *a priori* reasoning that may or may not be correct. But—is the H-M-C safe?

Judge for yourselves. The Abbott Alkaloidal Company has placed in the hands of the medical profession more than six millions of these H-M-C compound anesthetic tablets. These have not gone largely to the skilled anesthetists, although many are using it to excellent satisfaction, but to the rank and file of our profession, the men who do its real live emergency work, men whose qualifications you all know to be pretty well mixed, but who meet the emergencies pertaining to our profession as creditably as those of any other, to say the least. Well, out of these millions of anesthetics, used for pain, etc., we have been able to collect just five instances in which deaths have occurred that *have even been attributed* to the H-M-C, and four were stoutly combated by some of the physicians connected with the cases, who maintained that the H-M-C had nothing to do with the deaths.

However, admitting for argument that all five were due to this agent, we have a mortality of one for every 1,200,000 tablets. That's (little) enough for all practical purposes, as Howard Rand said, when somebody told him the world was coming to an end in thirty thousand years. But where is the dreadful mortality predicted by young Wood and insisted upon by Simmons and his ilk? His estimate, based on the European use of scopolamine, not hyoscine, was one death in 221 cases. This calls for about 27,000 deaths from the six millions. Please Mr. Editor, I have no such private graveyard about my premises. Instead I have over 25,000 recorded users who have written me reams of encomiums with no word of kick except what was largely to be explained on the basis of faulty technique by the user.

This is not the only time in which Wood's propensity to theoretical *a priori* reasoning has led him into error, greatly to the detriment of his trustful, unthinking followers. Some years ago the claim was advanced that atropine was a valuable hemostatic. Wood at once said it was not true, because atropine

increases vascular tension. Appeals made to the profession at large elicited numerous reports showing that atropine was a powerful, prompt and sure hemostatic, in every form of hemorrhage to which humanity is liable, with one exception, but including traumatic cases. Only two exceptions were found, both relating to cases where the bleeding was due to ulcerative erosion of large arteries. Now, Sollman, a member of the Council of *Pharmacists and Chemists*, tells us in his work on Pharmacology, that atropine is only occasionally and slightly a vascular contractor, and this action is evanescent; while large doses strongly relax the arterial tension. Clinical testimony proved our contention to be correct, and then—the laboratory acknowledged it had made a mistake. Wood, so far as I know, (and as is the manner of the weakling positioned in so-called places of authority by chance) says nothing. If he has, if he has come out squarely and acknowledged his error, as his able father would have done, and will "show me," I will apologize.

When you know you are right, when you know you know and know why you know, stick to it, and the other fellow will have to come in time or wear the brand. Atropine, rightly used, is a valuable physiological hemostatic and H-M-C is a winner.

H-M-C is a winner! 1. As a relief for pain and spasm, giving the maximum of desired morphine effect, with no disagreeable after-effect, and therefore efficient in much less than usual morphine dosage.

2. As a preliminary sedative and quieter of nervous apprehension when *complete* anesthesia is to be obtained with chloroform or ether, effectually preventing nausea and producing anesthesia in far less time and with much less anesthetic than is usually (otherwise) required.

3. To produce complete anesthesia, properly used, which effected is easily sustained for operative hours and q. s., followed, without nausea and vomiting, by hours of restful sleep and quiet.

4. To quiet apprehension and relieve the pains of "labor," properly used, rendering

the process without essential suffering and with greater safety to both mother and child, the mother thus humanely treated expressing delight beyond compare.

This is H-M-C—what it does *cito tuto et jucunde*. It is purposefully criticized by theorists without experience and certain purposeful hypocrites who would impede, but cannot stop, its progress, while it is loved by those who, using and knowing, have faith in and satisfaction from its use that comes to the doctor and his patient all too seldom.

The profession is awakening. Right, truth and justice will presently prevail, and the real working doctor will in time come into his own.

A true life is at once interpreter and proof of the gospel.—*Whittier*.

The best teachers of humanity are the lives of great men.—*C. H. Fowler*.

[PHYTOLACCA DECANDRA*

M. F. BETTENCOURT, M. D., GLADEWATER, TEXAS

During the course of a medical career of but a meager three years, one can hardly state from experience much that is original with him, or much that he can vouch for as positive in medicine. He is merely a novice in the art, a typical medical tyro undergoing the ups and downs of his probationary period. He sets out fresh from college on his life-saving mission, buoyant with pride, "medical wisdom" and egotism. Subsequent failure to fulfill his unreasonable promises and extravagant claims, soon makes him skeptical and dissatisfaction with his means and methods naturally results.

Thus this probationary period results finally in one of two things—it either makes us novices become more cautious in our promises; more studious in our own resources and methods; more observant in the action and adaptability of our remedies; and, above all, do things first and talk about them afterwards; or, it induces us, to our eternal detriment, to delve in the other fellow's fields rank with nihilism and neglect the immense resources of our own.

*Read at the Texas Eclectic Medical Society.

Possibly more than some others I have had my full share of disappointments and moments of discontent, but so far they have not impelled me to follow false gods. I have had also many little Tom Thumb successes, and to my share of these, phytolacca decandra, amongst a number of other drugs, has very materially lent its aid.

The old saying, "Familiarity breeds contempt," may serve to explain one of the reasons why the familiar poke-root is not lauded throughout medical journals considerably more than what it is. We find it growing practically throughout the United States. We see it flourishing along moist road-sides, at the edges of cultivated fields and in fertile cleared lands. Yet, though so common, it is undoubtedly one of the leading success makers of the materia medica; but, one seemingly very little appreciated and used only to a very limited extent by other than our own physicians.

Guaiac for tonsillitis—"Guaiac!" the very name of which you can hardly say aloud without disgust, yet phytolacca within reach! Iodine tattooing and Indian war-painting for acutely swollen lymphatic glands when phytolacca would relieve that glandular blood-stasis and clean up and flush out the clogged lymphatic sieves with unexcelled rapidity. But then when you do an artistic piece of iodine mopping the people can see what you have done.

Fly-blisters for inflamed ovaries, or more likely ovariectomy or more likely still pan-hysterectomy for the poor, unpitied little descendant of Eve who must be thus tortured, scarred, butchered, unsexed, all because of downright criminal ignorance! Why shouldn't it be thus when materia medica and therapeutics are so insignificant in their minds as to have no consideration whatever in the examinations of "mixed" state examining boards.

Ignorance of phytolacca is only a sample of the general imperfect knowledge of really essential drugs made from American medicinal plants. On suggesting to one the use of *echinacea angustifolia* in a certain case, he immediately with a contemptible air of

superiority turned up his nose and stated that he wished it to be for ever clearly understood that he did not make a practice of doping his patients on the worthless patent medicines that flood the drug market.

Phytolacca is a member of a rather small family of plants. In our own country it is known in different parts by quite a variety of names, of which the most common are: poke-root, poke-weed, pigeon-berry, cancer root and American night-shade. The root is perennial, sprouting up year after year. The young spring shoots are edible but after the leaves have developed they assume a cathartic action which becomes more marked as the plant nears maturity. This cathartic action is one of the symptoms of its poisonous action. The ingestion of half an ounce of the berries or of the root has proved fatal. In large doses it is a depressant to the spinal cord affecting very markedly the medulla oblongata and causing death by carbonic acid poisoning, the result of cardiac depression and respiratory paralysis. The presence of carbonic acid in abundance in the blood is stimulative to the respiratory center in the medulla, but it fails to respond to the stimulation when depressed by a lethal dose of phytolacca.

The peculiarity of phosphorescence of the autumn phytolacca leaves when in the dark is claimed to be due not to the presence of phosphorus but to an oxidizing enzyme.

The extract of phytolacca berries is used for its claimed anti-fat properties, it being claimed a better preparation for fatty heart than a preparation from any other part of the plant. It is also claimed valuable in membranous croup. Steeped in gin or brandy the berries form a popular home remedy for chronic rheumatic affections. The inspissated juice from the leaves is preferred for local applications but the recent fall-gathered root carefully dried is the part usually employed.

The most direct action of phytolacca is upon inflamed glandular structures, especially the lymphatic glands. The more markedly lymphatic the structure, and the more acute

the trouble, the more marked the action of phytolacca.

In acute tonsillar inflammation it is certainly as near a specific as there can be for any ill. It must however be given in larger doses than is usually recommended. A four ounce mixture containing twenty drops of phytolacca and administered in dram doses will not bring about the desired results. Our late Professor Foltz who was undoubtedly a master in his line would invariably treat tonsillitis by giving to an adult hourly doses of from three to five drops, and claimed that if the case was not of more than twenty-four hours duration and no additional cold was taken, the patient however bad would be practically well in twenty-four hours. I haven't yet had cause to disbelieve the statement.

With phytolacca, he almost invariably administered aconite because of its specific action upon acute inflammation of the nasopharyngeal region. He gave this also in material hourly doses of from one-sixth to a half drop, always advising either the smaller dose or the same dose less often, if the characteristic tingling of the throat should develop. In chronic enlargement of the tonsils, unless hypertrophic, phytolacca is very useful; but, as in all other chronic troubles, it must be administered for a long time. (In these cases it may be used in conjunction with thuja.—ED.) In scarlet fever he used phytolacca throughout the entire course of the disease to prevent the suppurative otitis media which so commonly follows this disease if the drug is not given.

In acute mastitis of the nursing woman, if treatment is begun within the first twenty-four hours following the chill, phytolacca in appreciable doses, usually with the addition of aconite, will reduce the high fever and tenderness of the mammæ with wonderful rapidity. The same medicament will be found beneficial for morbidly sensitive and tender breasts, occurring at menstruation, and for the swollen and tender breasts of infants it is equally efficacious.

In acute ovaritis phytolacca is directly indicated. Its action will be materially aug-

mented by the use of the proper sedative with bryonia, macrotys or any other remedy for which there may be a call.

In acute infection (so called blood-poisoning) characterized by the acutely swollen lymphatic glands, red cordy streaks, pyrexia, etc., incision at the point infected and the use of phytolacca and echinacea, both in full doses with the proper sedative, will reduce the entire train of symptoms in a most satisfying manner.

In acute orchitis, phytolacca and the small dose of pulsatilla with the appropriate sedative (which will usually be veratrum) with possibly the application of belladonna ointment, and firm strapping of the testicle will give very satisfactory results.

Phytolacca however does not affect only glandular structures; serous, cutaneous and mucous tissues are within range of its curative action. It is of material value in peritoneal inflammation. Its action upon cutaneous tissues is demonstrated by its effect upon old sores, cracked nipples and troubles of an epitheliomatous nature. We know that the different varieties of carcinoma are disseminated through the lymphatic system and the potent action of phytolacca upon this system may at least in part explain its action upon such troubles. Wonderful results are claimed from it especially upon epithelioma, one authority gives it the first place amongst all other remedies used for the malady. The juice expressed from the leaves is applied locally and a good preparation of the root administered internally.

The effect of phytolacca upon mucous surfaces is manifested by its action upon the different forms of stomatitis, follicular and ulcerative troubles of the oro-pharyngeal region. Its action upon the mucous membrane is such as to lessen the tendency toward formation of false membranes. Recently great results have been claimed for it with other indicated remedies in conjunction with the hypodermic use of lobelia in diphtheria. The specific lobelia is administered in doses of from ten minims to a syringeful repeated as often as three hour intervals till relief. It does not act as a

nauseant even in dram doses hypodermatically but acts as a powerful capillary stimulant, and while in proper doses it produces relaxation it does not act as a depressant and improves the action of the heart immediately.

Of phytolacca, Professor Foltz used to say that it is adapted to increase the activity of the mucous glands, therefore its usefulness in atrophic rhinitis and pharyngitis. He further stated that loaded mucous glands is as great a call for phytolacca as enlarged lymphatics and that its tendency is to bring about a normal state of the glands, it being equally useful in glandular enlargement as in atrophy.

It is a powerful eliminative agent and very potent in bringing about destructive metabolism, making it a useful adjuvant in the various dyscrasias. It thus renders good service in so called scrofulous affections, in syphilitic troubles and in the different manifestations of chronic rheumatism. In rheumatic troubles it must be given in large doses. In chronic diseases in which the action of the skin is sluggish, the blood vitiated and the lymphatics inactive it is directly called for.

In skin troubles calling for it, which are usually of a scaly variety, the cuticle is not hypersensitive though it may be inflamed.

In threatened glandular suppuration it is very useful but after suppuration has taken place better results are obtainable from iris and baptisia or echinacea.

Phytolacca is not always the remedy when there are enlarged lymphatics. It is called for when the glands are swollen, hard and painful on pressure—a condition which exists chiefly in acute ills. When the glands are swollen but not painful, inclined to be soft or non-indurated with sluggish lymphatic circulation, as indicated by a chain of swollen lymphatics, iris is the remedy called for.

When the glands are chronically enlarged, not painful, indurated, the patient anemic, arsenic iodide should be used in preference. Such a condition exists in subjects of a "scrofulous" tendency. These are some of the things which phytolacca is capable of doing; is it worthy of study? We have numerous others equally as good.

GERANIUM IN SEVERE GASTRIC ULCER

S. B. PRATT, M. D., BOSTON, MASS.

Notwithstanding much has been written on the subject of gastric ulcer, its treatment is by no means simple, by the methods usually advised. This article is written in order to present to the readers of this journal the results of the action of geranium on a very severe case, which I have had under treatment for some time.

From childhood the patient had suffered from sensitiveness in the epigastric region, although the digestion had usually been good. She had craved not so much a large quantity of food, as tasty foods, condiments and coffee. At times she complained of an "all gone" sensation, as if all her strength was leaving her, the sensation originating in the stomach. This appears to be a case where for years the patient had depended upon her food to overcome what, under normal circumstances, psychic forces or the influence of the mind should easily have overcome.

The first symptoms for which I was called, was simple vomiting without nausea. That was perhaps two years ago. This symptom was checked by eupatorium. Later, as the symptoms of gastric ulcer developed, I gave her iris, xanthoxylum, arsenic, hydrastis and cannabis, as indicated. I found she could not take nux but would get along well on ignatia nicely for three days, when it was necessary to omit three days before again exhibiting it.

About two months ago, she began to have agonizing pain in the region of the cardiac orifice of the stomach. She had got into the habit of eating something in the middle of the night, and these attacks would come on about half an hour after her midnight meal. The remedies usually advised were either without effect, or increased the difficulty.

I found that after taking a small dose of lycopodium, collinsonia and ignatia, combined, in as much hot water as she could drink, there would be an emesis of mucus, with considerable hydrochloric acid. (She would not submit to stomach lavage.)

After the emesis she generally remained easy until morning.

Usually in these cases the pain is present for a period of weeks, changing at times from severe spasmodic pains to a faint gnawing, deathly feeling, when the stomach is long empty. With this patient the greatest pain came on half an hour after meals, or at a time when a collection of undigested food had been retained by the stomach for many hours. The only food she could take without trouble was Eskay's Food, alternated at times with the white of an egg, bovine, panopepton and water, beaten up together, with a few drops of sherry wine.

The patient had a tumultuous, yet feeble heart action, cold sweats, and wandering, childlike talk, preceding these attacks of pain, especially when they were to be very severe. She had a habit of pulling at her underclothes in the region of her stomach, because of a sensation of tightness in that region. At times the vomitus would contain food, which she claimed she had eaten three days before. She refused to submit to enemas or rectal feeding and any mental irritation would, and will, to an extent, even now, bring on a return of the symptoms.

Before her sickness, she responded well to cactus; now a small dose of it, or of ipecac, will bring on the symptoms. Passiflora was of little value, either as a hypnotic or a sedative, although with hyoscyne it would give good results, about every fifth evening. If given two evenings in succession, on the second, the patient would pass a restless and irritable night. If she followed her own desires, she would take food every hour, to relieve the gnawing and faintness at the seat of the ulcer.

The patient suffered at times from extreme eructation of gas. During the first two weeks of an acute attack these would succeed the pain, but during the latter part of a prolonged attack, they would appear before meals, probably from the presence of undigested food. The taking of warm food at this time would sometimes check the eructation.

In the treatment of the actual underlying condition there were perhaps thirty remedies used during the progress of the case, that at first helped a little, but afterward failed. These were both approved eclectic remedies and other drugs. Morphine was of little avail after the first few doses. The patient could not be reasoned with concerning diet, and would insist upon eating prohibited food.

Of all the remedies I administered, it seemed that the most satisfactory benefit came from the use of geranium. I therefore made a stand on this remedy. At times I combined it with collinsonia, at other times with milk of magnesia, or the milk of bismuth, as the conditions indicated, the geranium being given continuously.

At this time the patient is able to eat sparingly of quite a generous diet, except fried foods, fats, much sugar or acid. This patient is 75 years old. She was a confirmed coffee fiend with sallow skin, trembling hands and liver proportionately pathological. I interdicted both tea and coffee from the beginning. I believe even a little coffee now would do considerable harm.

She can drink milk, whereas before it caused agony even when peptonized or in any form. Her complexion is clear now. That peculiar form of forgetfulness that accompanies some forms of liver degeneration (it is often mistaken for deliberate lying) has largely disappeared. Instead of being continually hungry, even directly after a meal, and continually asking for something or accusing the nurse, doctor and relatives of endeavoring to kill her by starvation, she now eats four times a day and is satisfied. I attribute this largely to geranium. As to how geranium acts, I cannot even conjure up a glimpse of a theory. I do not think it acts simply as an astringent. I believe it acts chemically on some special tissues,

It may be that it acts upon the plasma circulating in the axis-cylinders of a certain grade of the sympathetic (trophic) nerve tissue, overcoming the toxic elements there, somewhat as echinacea does in the blood current. At least, however it acts, it acted

well in this case. The ulceration of the stomach must have been quite extensive, as well as more or less chronic previous to this attack, for perhaps a year and a half.

Just recently I have added one and one-half grains of Metchnikoff's lactic acid bacillis once a day, which has induced a beneficial result, destroying apparently the pathogenic bacteria of the gastrointestinal tract.

Three months ago I used geranium on a gastrointestinal case which was accompanied with much diarrhea and vomiting. All the symptoms but the diarrhea have been satisfactorily controlled. The stomach has regained its normal tone but the diarrhea was not in the least checked until I added the arsenite of copper and bismuth. I am sure geranium has a direct influence in curing conditions in the stomach which induce pain. Pain disappears entirely after it has been used for a time. It also restores the normal tone. I have theorized while writing here, that it may act upon some portion of the trophic nerve tissue in a more or less direct manner as above suggested.

ECHINACEA AND CRATAEGUS

E. B. DOAN, M. D., WEST CARROLLTON, O.

Echinacea is one of those good things which have come to us from our Eclectic friends. A Dr. Meyers, of Pawnee City, Neb., first used it and introduced it to the profession. Dr. Meyers in 1885 sent a specimen of the root of the plant from which the remedy is prepared, to Prof. John Uri Lloyd of Cincinnati, asking him to name the plant. Dr. Meyers had used echinacea in preparing "Meyers Blood Purifier" which he claimed much for, as an antidote to rattlesnake bite and a cure for typhoid conditions.

Soon after Prof. Lloyd had succeeded in classifying the plant, Dr. King of Cincinnati and Dr. Meyers of Nebraska called the attention of a number of eminent Eclectics in various parts of the country to the virtues of this truly grand remedy. It seems to have proven itself a foe to septic conditions wherever used and comes well nigh being a specific in many of these conditions.

Dr. Fahnestock made a proving of echinacea, a report of which is given in the proceedings of the American Institute of Homeopathy for 1899. But many homeopaths are using echinacea almost daily and doubtless in the same way the Eclectics do. Possibly it will not be amiss to here state the conditions under which the Eclectics have found it most useful.

Lloyd and Felter say: "This agent is the most positive antagonist of blood depravation or blood dyscrasia. It antagonizes changes within the blood, or morbid accumulations, septic or otherwise, picked up by the blood in its course through the body. Autoinfection, whether acute or slowly progressive, well expresses one of the conditions met by this agent." Wounds which are prone to heal sluggishly are greatly helped by a twenty-five per cent moist dressing of echinacea. It can be depended upon in all typhoid conditions, or persistent febrile conditions, boils, carbuncles, abscesses and septic conditions generally. It is to be thought of in rhus tox poisoning both internally and as a local dressing, using it locally in about twenty-five per cent solution. In bites and stings of insects, a local dressing of echinacea of the above strength usually affords prompt relief. I knew of a druggist at a summer resort who dispensed two drachm vials of a great antidote for mosquito bites as a good round price per vial. This antidote consisted solely of echinacea.

In my own experience, I have learned to rely much on echinacea in febrile conditions generally. In infected wounds from whatever cause where swelling and lymphangitis are marked, the remedy has never failed me. I never treat typhoid conditions without using echinacea.

In a case of typhoid fever treated several years ago in which the fever persisted for nearly eight weeks, the temperature dropped to normal in twenty-four hours after giving echinacea, and remained normal, the patient making a good recovery. In my own experience cases treated from the beginning with echinacea cause little trouble. The temperature if high at the beginning, that is

103 or 104 degrees, within a day or two will drop to 101 or 102 degrees, and rarely goes above that point again. In fact during the past two years I have not had but one case of suspected typhoid that developed into a true typhoid condition. No Widal tests were made and possibly these cases or some of them at least were not true typhoid fever. However that may be I am satisfied echinacea had much to do with the cure. I would like to add that the typhoid case just referred to was in my care but four or five days when the patient was sent to the hospital. The diagnosis of typhoid was confirmed by the staff physician and still further so by the death of the patient about two weeks later.

I do not wish to be understood as believing or stating that echinacea will cure all cases of typhoid, for I am convinced that some cases of typhoid are headed toward the cemetery from the very beginning, but I have better success with typhoid since I commenced using echinacea.

Echinacea is an excellent remedy in follicular tonsillitis and especially in those cases which are difficult to differentiate from diphtheria.

In dysentery I have found it a friend to be relied upon. My own experience summed up teaches me that the cardinal symptom or conditions calling for the administration of echinacea internally, locally or both, is *infection* from whatever cause or source.

CRATAEGUS OXYCANTHUS—THE ENGLISH HAWTHORN

The Eclectics have done much to introduce this remedy to the profession of America. However, the man who first prepared a tincture from the English hawthorn and made good use of it was an Irishman and a homeopath. The eclectic literature on the subject, states a well known physician, the late Dr. Greene, of Ennis, County Clare, Ireland, attained an extended reputation in the treatment of "Heart Disease" keeping the remedy a secret. Upon his death in 1894, his daughter revealed the fact that his famous cure was a tincture of the ripe berries

of *cratægus oxycanthus*. In 1896 *The New York Medical Journal* published an article by Dr. J. C. Jennings of Chicago, on the use of *cratægus*, but neither of the authorities cited make any reference to Dr. Greene as a homeopath. Dr. Homedes of Barcelona, Spain, is responsible for the statement concerning the homeopathic origin of *cratægus*.

The ripe fruit of the hawthorn was the part used by Dr. Greene in preparing the tincture he used. The hawthorn or "haw" as it is generally called is native to this country, and one of the best preparations of *cratægus* obtainable is made from the ripe berries of one of the American species of hawthorn. Although first introduced by a homeopathic physician, I find no satisfactory proving of the drug. It seems to have been extensively used in Europe in recent years, and Dr. Homedes already referred to says of it: "This new remedy deserves better consideration by clinicians and provers in order to establish its pathogenesis on more solid bases."

It is a remedy well worth remembering in both functional and organic heart affections, especially when præcordial pain and oppression and dyspnœa are troublesome. The drug seems to have no cumulative action and can be given for an indefinite length of time, safely. Chronic sufferers from either functional or organic heart affections if treated with *cratægus* soon learn its value, and insist on having handy at all times "a bottle of that brown heart medicine" as they are apt to call it.

Dr. Jennings, of Chicago, gives the physiological action of *cratægus* as follows: From experiments on dogs and cats made by myself, it appears to influence the vagi and cardioinhibitory centers and diminishes the pulse rate, increases the intraventricular pressure, thus filling the heart with blood, causes retardation of the beat and an equilibrium between the general blood pressure and force of the beat. The cardiac impulse after a few days use of the *cratægus* is greatly strengthened and yields that low, soft tone, so characteristic of the first sound as

shown by the cardiograph. The entire central nervous system seems to be influenced favorably by its use; the appetite increases and assimilation and nutrition improve, showing an influence over the sympathetic and the solar plexus. Also a sense of quietude and well being rests on the patient, and he who before its use was cross, melancholic and irritable, after a few days of its use shows marked signs of improvement in his mental state."

As this paper is designed to be short, I shall close without giving any cases in which I have found *cratægus* especially useful. In closing, however, let it be emphasized that nothing but the best preparations of *cratægus* and *echinacea* should be used. I think our homeopathic pharmacies dispense dependable preparations of both these drugs, but I have seen, and am sorry to state have used, at least one preparation of *echinacea* from an old school drug house that was far below standard. I have always found Lloyd's preparations of these drugs excellent.

THUJA OCCIDENTALIS

I. N. BUSBY, M. D., BROOKLYN, IOWA

I would like to present some facts concerning my use of *thuja occidentalis*, which I believe will be of value to other readers of your journal. About twenty years ago I had a case of vaginal warts that I tried to remove with escharotics, but they persisted in coming back after I thought I had them removed. After several failures I applied a preparation of *thuja* which was manufactured at that time by a New York house. It was called ozonized oil of *thuja*. With this I saturated a pledget of cotton, applied it to the warts and caused it to be retained in contact with them. The effect was immediate. The warts were removed permanently in twenty-four hours.

A few years later an epidemic of small-pox broke out in my locality. The first case I treated was of the confluent variety and a severe case. It ran its course, however, and made a good recovery.

The second case was in the vesicular stage, was as severe as the first, but at the

beginning of this stage I covered the vesicles with the oil of thuja and gave this remedy internally. There was not a pustule formed and the patient made an excellent recovery in a very short time.

In the case of a little girl six years old I was called when the entire surface was covered with vesicles. I saturated these thoroughly with the oil of thuja, and two days later when I visited the patient the vesicles were gone, but the skin where each one had appeared had assumed a peculiar copper color. No fever or further trouble followed.

From my observation of the action of this remedy in smallpox I am convinced that if given at the beginning of the disease internally and applied externally as soon as any vesicles appear, it will abort this disease in a larger number of cases, and it will materially modify them all. In the first case referred to, the vesicles had reached full size and the pustules were beginning to form before I was called. In this case although thuja was used there was not such marked benefit. In all cases where the remedy is used right from the start the disease has plainly been aborted. I am convinced that the drug is to a degree a specific in smallpox.

SENECIO AUREUS*

M. A. COOPER, M. D., SABINAL, TEXAS

I take pleasure in reporting the following case, which is especially interesting, in that it is one more proof of the specific influence of one of our good remedies.

On the evening of the 7th of January, 1908, I was called to see a lady in the country, who upon my arrival I found to be having severe convulsions about every fifteen minutes. She was entirely unconscious between the spasms.

I found on examination that the patient was pregnant and lacked but three weeks of the completion of the full term. She was 22 years of age and a primipara. She was plainly at this time in the throes of labor which had been brought on prematurely by

riding several miles in a wagon over a rocky road. The pains and the convulsions were occurring together. The os uteri was considerably dilated.

Morphine, chloroform and veratrum were used to stop the convulsions and in so doing the pains were stopped and the labor ceased. She was then put on gelsemium with nux to stimulate the kidneys and to help restore consciousness.

The gelsemium and nux were prescribed after the convulsions had ceased, but before consciousness was regained she took this combination for about three days until consciousness regained, then I gave her four drops of senecio every three hours alone, and kept her on this one drug until the day before she was confined, when she took about three doses of aletris in combination with the senecio. From the time she regained consciousness until confinement her health was excellent. In fact she was up and about the house all the time, notwithstanding there was considerable albumin in the urine.

On the 29th, the symptoms of labor appeared and the patient was confined. She had rather a difficult labor, but the child was alive and in normal condition. There were no signs of convulsions during the labor nor subsequently. She had gone on to full term even after the os was somewhat dilated and made a normal recovery.

We would naturally expect the return of the convulsions, especially as albumin was present in the urine. The question arises did the senecio exercise an influence which prevented the convulsions or did it materially assist in preventing the expulsion of the child before full term?

Ellingwood recommends senecio for albuminuria during pregnancy, and this was the cause of my using it in this case at this time, with what I am inclined to believe were wonderful results, and certainly with considerable gratification to myself and to the patient and to her family. If others have tried this remedy along this line, I hope they will report results. If it proves to be a potent remedy to prevent eclampsia, with albuminuria, it will certainly save many lives.

*Read before the Texas Eclectic Medical Society.

Brief Contributed Articles

LYCOPUS VIRGINICA IN THE TREATMENT OF DYSENTERY AND ENTEROCOLITIS

T. JENSEN, M. D., SPRING GROVE, MINN.

Twenty-five years ago I saw an article in *The Medical World* on the treatment of dysentery by the faithful use of *lycopus virginicus*. At that time I had a number of cases of this disease on hand that did not do as well as I wished with the treatment I employed at that time. Accordingly, I commenced the use of *lycopus* with all of my dysentery patients.

To the adults I gave a teaspoonful of the fluid extract of *lycopus*, every three hours. It did not make any difference whether it was of the acute or chronic form. All got the *lycopus* in the same manner, although I usually began the treatment by giving the patient a mild evacuant, such as castor oil or magnesium sulphate, and put them on a strict diet.

I remember one case, especially, a severe chronic case of several years standing, which had been under the care of several physicians without benefit. This patient improved from the first and got entirely well with one month's use of this remedy. The results in all cases were satisfactory.

After this there was no return of this disease in our locality for several years, hence *lycopus* was almost entirely forgotten. I had a few sporadic cases during that time, especially in hot weather, probably due to errors of diet. These readily yielded to a simple evacuant, or I gave a prescription containing one grain of *podophyllum*, two grains of *ippecac*, and ten grains of powdered opium, triturated with sugar of milk, divided into twenty powders of which one was given every two hours. With this treatment these simple cases recovered at once. In none of these cases was there the least tendency evident of the disease becoming epidemic.

During the past months of October and November I have had twelve cases of dysentery or enterocolitis of a most severe form to deal with. I began the treatment of these cases after the usual method. I evacuated the bowels freely and flushed them, using the high rectal tube and the normal salt solution freely. Afterwards introducing an antiseptic solution of thymol. Internally I gave *aconite*, *ippecac*, the salicylate of bismuth and the sulphocarbolates, but did not get good results.

Finally, there came to my memory the good results I had obtained twenty-five years ago, in treating dysentery with *lycopus*. Accordingly, I commenced giving this remedy at once. I began with a three year old patient giving her ten drop doses every three hours. In two days the improvement was a decided one. The *lycopus* was continued until the case was cured.

Enterocolitis as an acute inflammatory condition may involve the larger portion of the alimentary canal, and as its symptoms are similar to ptomaine poisoning, I believe that it is caused by a ptomaine. The authorized treatment is to wash out the colon with a rectal tube and to cleanse the small intestine with the use of simple evacuants. Of the ten cases above referred to, treated with this remedy, I had difficulty with the diet, as milk could not be given. Even malted milk proved injurious to some of them, and milk per rectum was injected. I depended largely on beef tea by the mouth.

Of all the remedies tried in this case, among which were *ippecac*, *bryonia* and *colocynth*, none acted as well as *lycopus*. This remedy seemed to exercise an anodyne influence, similar to that of opium, inducing a soothing and generally quieting influence, apparent after each dose. One of the first symptoms of improvement which I observed was the free discharge of gases after the use of this remedy. Other symptoms abated uniformly and steadily until the cure was complete. In conclusion, I wish the readers of this journal would try this remedy in dysentery and enterocolitis. If they have not used it for this purpose, I believe

it would be well for them to report their cases through this journal.

COMMENT.—I believe this is the first article I have seen recommending this important remedy in the treatment of the above named disease. With the writer of the article, I sincerely hope that any one who has had any experience with the use of the remedy as above suggested will report it. The American Dispensary calls attention to its influence in improving the action of the stomach and increasing the appetite, and mentions that it has been used in dysentery and diarrhea with advantage, and that it allays irritation and inflammation in gastritis and enteritis, but does not in any way emphasize the statements.

ARNICA MONTANA

CHARLES DOWDELL, M. D., TEXAS

Concerning the physiological action of this remedy I will say briefly that it possesses acrid properties. In large doses, it causes burning or heat in the throat, nausea, vomiting, gastric pains and loss of appetite. It may excite diarrhea, spasmodic contractions of the limbs, difficulty of respiration, and depression of the heart's action. It dilates the pupils, interferes with the powers of locomotion, causes muscular paralysis, collapse, coma and even death. There is no known antidote to its poisonous influences.

In small doses it accelerates the pulse, by increasing the power and force of the heart's action, increases the activity of the capillary circulation; excites the flow of urine; increases respiration; promotes diaphoresis, and appears to exert a specific influence over the nervous system.

It is indicated in diseases characterized by debility, torpor, and inactivity. In low forms of fever, as typhoid or typhus, with dry tongue and great depression; in prostrating diarrhea, if delirium of a low muttering character be present, it is a good remedy. It is a specific stimulant to the cerebro-spinal nervous system, and is of value in severe fevers where the nervous force has abated. In those cases where there is marked depression, it acts as a nerve restorative and tonic, and through this influence controls the fever.

In extreme prostration from fevers, or other diseases, where there is present exces-

sive night sweats, colliquative diarrhea, or incontinence of urine or of the feces, feeble respiratory power, difficulty of sleeping from impeded respiration, it is a specific. In such cases its beneficial influence may be noticed in a few hours. It is useful in some forms of paralysis, some forms of mania, and delirium tremens. It is frequently prescribed for lame back, back-ache, and feeling of debility and soreness in the small of back, aching as from a severe cold, or as if bruised, or strained. It is only useful in those cases where there is feebleness, with deficient circulation; but in these cases the influence is direct and permanent. Where the patient has suffered an accident, and has been crushed or bruised, or the muscular structure injured, or when the soreness of violent and excessive muscular action is present, as that following excessive labor, if given internally, in connection with its local application, it will hasten the healing process most satisfactorily. Arnica has been employed in pneumonia with good results. In typhoid-pneumonia, with dry tongue, great depression, and difficult expectoration it will be found valuable. In idiopathic anemia, with weak pulse and feeble circulation, arnica is indicated. In nervous headache, with marked debility, give it in small doses. In gout, with skin cool, pulse weak and slow, feeble circulation, arnica is one of the best remedies. In rheumatism with the above indications arnica will be found a good remedy; its direct influence over the eliminating and restorative functions of the system are of great service here. In exhaustion from sexual abuse, as a stimulant, where there is a weak pulse and feeble circulation, give arnica. It is contrarily indicated by increased temperature. Locally to injured parts arnica stimulates the removal of waste, and encourages repair. For sore nipples, take arnica, drs. 2; aqua, oz. 2. Mix and apply to the part several times per day.

Arnica is recommended as a stimulant to the vascular and secretory organs, when the action of these is languid and requires to have their energy increased.

It gives good results in prostration of the system from injuries and in concussion of the brain in promoting reaction. In fact it is a valuable remedy in many diseases, where there is debility, torpor or inactivity of functions.

MY EXPERIENCE WITH "INTRA-UTERINE MEDICATION"

N. J. CARRIKER, M. D., KANSAS CITY, MO.

The treatment for the various forms of uterine diseases in the past has been very unsatisfactory; and it may be said that there are few things which embarrass the practitioner more than the attempt to cure female troubles with former methods that were never specifically adapted.

Filled with fear and prejudice from early instruction, physicians have considered it dangerous to introduce liquids into the uterus lest they cause colic, or after confinement that air might enter the veins and end in embolism. It is scarcely possible to estimate the advantages that have been established by Dr. Woodward's work entitled "Intra-Uterine Medication," which gives every detail regarding the practice of his simple method of uterine irrigation. My experience with this new method, however, soon convinced me that our fears were imaginative, arising through the practice of the old elevated douche method.

This new method has been the means of controlling for me a class of uterine diseases manifesting the results of chronic inflammation, such as: anti- and retro-version, prolapsus uteri, sanguineous exudations and semi-monthly hemorrhages, infection before and during the menopause, polypoid and fibroid growths, irritation resulting in reflex action, namely: pain in one or both sides, headache, backache and sciatica. The recital of one case will exemplify the efficacy of this modern method of uterine irrigation:

Mrs. C., age 26, mother of one child age four years. Examination disclosed the uterus three and a half inches deep, semi-everted and prolapsed, and a profuse, thick, white exudation; endometrium so extensively ulcerated as to exhibit, during the

irrigation, sloughing membranes, followed with considerable hemorrhage after the first few treatments. She was troubled with headaches, backache, and a dull pain in the region of the left ovary; skin sallow, moist and relaxed; constipated and prostrated most of the time.

Treatment: To control the irritation and intra-utero infection her uterus was cleansed out every third day with two solutions: one, peroxide of hydrogen and the other a non-effervescing antiseptic, and the treatment finished with the insertion of a dehydrating and astringent pack against the os. Her bowels were stimulated to normal activity with the following remedies:

R_x
 Distil. hamamelis.....oz. j
 Specific nux vomica.....gtt. x
 Specific belladonna.....gtt. viij
 Aqua q. s.....oz jv

Sig.: One teaspoonful every three hours.

The capillary circulation was restored by inunctions following each bath. Eight weeks of this treatment effected not only a cure, but brought many women to my office who were in need of similar aid. In fact, the method has been the means of greatly increasing my office business.

THE OPERCULAR METHOD FOR THE CURE OF HERNIA

A. SCHREIBER, M. D., WAUMANDEE, WIS.

It is conceded by most surgeons that the radical operation for hernia is the only course that should be advised. On the other hand the absolute horror of operations in general, entertained by the laity, prevents at least eighty per cent of the afflicted from seeking relief from the surgeon; consequently the truss manufacturer reaps the benefit.

The following procedure seems to me to eliminate the objectionable features of knife, chloroform and truss, bringing the patient to the physician, however, for relief and cure. This method includes the treatment of direct, indirect, femoral, inguinal and umbilical hernias. The operation requires no particular skill and can be per-

formed in the office. The results were absolute in every one of my cases.

The method is to make use of the material which nature amply provides, by invaginating the integument into a cul de sac and plugging up, as it were, the internal ring with the fundus of this cul de sac, and retaining this plug in position with the puckering ligature. Surgical asepsis is necessary, no matter how simple the operation. As a local anesthetic, ethyl chloride is sufficient, although phenol may be applied in a circular manner at the seat of the prospective operation with a swab or brush, or cocaine in two per cent solution can be used.

The operation is performed with a surgeon's straight needle, threaded with a heavy strand of silk worm gut, silk or silver wire. Proceed by pinching up the integument with the thumb and fore finger of the left hand. Pass the needle through the elevated skin, and continue in this manner around a circle, forming a loop with the ligature.

After phenol is used, if applied in full strength, it should be neutralized with alcohol before it destroys the cuticle, as that would permit of adhesion at the puckered orifice of the cul de sac, which would interfere with replacing the tampon, besides the danger of infection would increase.

With the ligature in place, you proceed with your little finger, or with a lead pencil for children, to invaginate the integument enclosed within the circle, into a cul de sac pushing the excess into the canal, and into the internal ring. A little traction on the suture will bring the integument around the finger, so as to retain the internal cul de sac in position. Remove the finger and tampon the cavity, with absorbent cotton.

With a little more traction, tie the ligature to hold the tampon in place, and finish with a bow knot, so as to admit of retamponing when necessary. Apply a wet antiseptic dressing continuously until all the irritation is subdued. The truss the patient formerly wore, can be utilized, if necessary, to retain the dressing in place, and the patient can

go about his business with little or no inconvenience.

The ligature can be introduced so as to make the cul de sac circular, oval or oblong. The cul de sac can be pushed through the ring and tamponed, so as to have the largest diameter of the fungus within the abdominal cavity, thus buttoning-holing the internal ring. The pressure of the abdominal contents would retain it in juxtaposition to the internal abdominal wall and perfect adhesions would follow.

With the most of these patients it is desirable that they have internal tonic treatment or medicine to antagonize toxins. I prescribe one-fourth of a grain of calcium sulphide four times a day and an elixir of iron, quinin and strychnin after each meal.

It seems that the results of this method cannot be other than the best. I have operated on but one case. The results were simply perfect. I believe they would be equally perfect in any number of cases. I used the silk worm gut for ligature.

In summing up this method it has the following cardinal points to recommend it: It does away with the knife, with chloroform and with the truss; any physician can perform it; it can be performed in the office; its simplicity will make it popular.

"THE GREAT PROPAGANDA"

THOS. S. BLAIR, M. D., HARRISBURG, PENN.

In a recent editorial in ELLINGWOOD'S THERAPEUTIST I have noticed some remarks relative to *The Journal of the American Medical Association* and therapeutic nihilism in general. As a member of this organization, I regret to say that what is said is a pretty fair estimate of conditions. But there are some extenuating circumstances to which I beg leave to direct attention. Really, there are a good many matters appearing in the *J. A. M. A.* not very much approved by the rank and file of the Association. The truth is the organization has grown very large and, as is natural, the various specialists have monopolized matters and insist upon the section papers all appearing in the published transactions, viz. the journal.

As a matter of fact, they seriously cumber its pages, as viewed by the most of us; but the specialists do not look upon the matter in that light. But the journal does give the impression that the dominant section of the profession is much more ultra-scientific than it really is. A forward movement is always apt to be crude. This applies to the Council on Pharmacy and Chemistry. We all know that all schools have been carrying along a lot of rubbish in our text books and more particularly so in *materia-medica*. Weeding it out is rather a thankless task, and it has been dreadfully hard to interest the right men, as most of them were either too busy or too much involved in various ways. I know perfectly well that more or less injustice has been done by this Council but I also know it has also done much good and has elevated standards. The end results promise to be satisfactory to all legitimate interests. As to certain attacks made, nearly all attacks are more or less unfair. Nevertheless, our good friend Dr. Abbott partly brought this upon himself and it has done him no real harm. It has only cleared the air a little.

As a disinterested observer, it impresses me that any man is at perfect liberty to use alkaloids in the place of the tinctures and fluid extracts if he so desires. No one doubts their activity. Neither will any reasonable man doubt the potency of a good fluid medicine. It is a matter of taste and the action one desires from the drug. But Dr. Abbott denounced the galenical in a manner quite beyond the mark, and of course he aroused the ire of certain gentlemen. Both have said every possible thing to say and honors are even. I hope they will call it quits.

Dr. Osler is a fine pathologist and has been brought into unwonted prominence as a therapist. He is all right in his place but really we do not regard him as an authority upon therapeutics. He never claimed to be. That was newspaper booming and is another story.

As to all journals and all medical associations, it is very hard to get the best and

the most practical men to come to the fore and make themselves heard. On the other hand, the fellow with an axe to grind comes early and sits up front.

SUGGESTIONS IN THE TREATMENT OF PHTHISIS

F. A. PINELES-MONTAGU, M. D., DRURY, N. D.

No disease at the present time is attracting so much attention as pulmonary tuberculosis. It is not the intention of the writer to go fully into the causes or character of this serious disease but to state some simply practical facts concerning its treatment.

Much could be said concerning the causes. Suffice it to say that it occasionally follows croupous pneumonia, especially if that disease affects the apex of the lung, or if that disease terminates in abscess or in gangrene. It may also sometimes follow a protracted case of bronchitis. At other times the disease appears during an otherwise apparently favorable convalescence from some other prolonged inflammatory disease.

Sedentary habits, masturbation, sexual excesses, intemperance, want of proper ventilation and fresh air, breathing impure air, materially assist in the production of phthisis. Dampness of the soil, a sudden change of climate from heat to cold, excessive moisture in the atmosphere, are predisposing causes to phthisis. Severe mental depression from worry, grief, anxiety or overstudying predispose to phthisis. Phthisis may follow pernicious anemia in girls, and it also may be caused by diabetes, or drinking the milk of animals affected with tubercle.

The constitutional symptoms of phthisis pulmonalis are persistent, although often there is but slight elevation of the temperature, anorexia, with general emaciation, indigestion, chills and in severe cases night sweats.

In any form of phthisis a most generous nutritious diet should be given. When fat is introduced into the stomach it is sent to the liver in a state of emulsion, and from there to the lungs, usually proves beneficial in supporting the action of the lungs. The

best fats that I have found in this disease are cream in abundance, pure olive oil and pure unadulterated cod liver oil, and to the first two it is often beneficial to give in conjunction liquor arsenicalis.

With reference to cod liver oil, see that you obtain it pure. It should not fail to stand the undermentioned test.

Test: This is a reliable test that I have used for many years. Other liver oils would be almost impossible to detect; when, however, other oils of other than hepatic origin are present, they either will not yield with ac. sulphuric purif. C. P. the violet or red colors; or, these colors instantly become mingled with or obscured by a dark brown substance, the oil becoming charred. These results take place when whale oil and seal oil, or where olive oil and other vegetable oils are present. I have prescribed the following formulas for many years with excellent success in these cases for general medication:

R̄

Specific lycopos.....min. 30
Specific baptisia.....min. 30
Specific cinnamon.....min. 30
Aqua dest.....ozs. 4

Sig.: One dram three, four or five times each day.

The above formula will reduce the temperature, keeping it near normal, will prevent palpitation and reduce the frequency of the pulse, which if feeble will become stronger under its use, will prevent hemorrhage and keep the bowels regular and will lessen and relieve the cough, especially in incipient phthisis.

R̄

.Ol. morrhue.....ozs. 3
Liquor potass.....drs. 2
Liquor ammon. fort.....min. 8
Oil cassia.....min. 4
Syr. simplex.....oz. 1

Make an emulsion.

This emulsion must be mixed in a mortar with a pestle thoroughly, otherwise it is useless, and one drug at a time must be mixed taking two or three minutes for each, other-

wise it will not emulsify properly and therefore will not benefit your patient.

The above formula will relieve the cough, remove indigestion that is so prevalent in phthisis, cure night sweats and build up the system. The patient puts on flesh, becomes brighter and more cheerful and if taken for a very long period in a great many cases destroys the germs and helps to fill up the cavities. It is both a food and a germicide. It may be given in dram doses.

With reference to diet I have found the following of great benefit:

8 a. m. breakfast. Two large cups of coca, bread and butter and a lightly boiled egg.

At 11 a. m. The yolk of an egg beaten up in one-half pint of milk, one teaspoonful of good brandy or a little sugar to suit the taste.

12:30 p. m. dinner. Chicken broth with bread, boiled, not roasted, chicken with vegetables, rice, sago, tapioca, custard or boiled custard with plenty of milk or cream.

At 3 p. m. The same as 11 a. m.

5. p. m. tea. The same as breakfast with the addition of a little jam, sweet not sour, and a couple of large cups of weak tea with cream instead of cocoa.

At 8 p. m. The same as 3 p. m.

The patient should take walks in the sunshine in pleasant company or alone, and if it is impossible through weakness he should be kept out in the open air as much as possible.

The patient should wear flannel next to his skin the year round, and in addition a lung protector back and front, woolen stockings, and thick boots not shoes.

If emaciation is extreme, 6 to 12 ounces of port wine or brandy is of great service given between meals. Beer, whisky and tobacco must be prohibited.

A MEDICAL VIEW OF PELVIC PERITONITIS

ELLA RICHARDSON COUTURE, B. S., M. D.,
AUBURN, CAL.

The gynecologist is seldom called upon until the case has become chronic. The pa-

tient has exhausted the skill of herself and all of her friends and all the proprietary remedies she ever heard of. She comes to the office hopeless and discouraged and always assures you she does not expect to be cured, but nevertheless proceeds with her "tale of woe." We will pass over that long familiar story so full of pain and woe to the patient and perplexity for the physician, giving you a few of the remedies and the conditions for which we have used them. We assure you some of the results have been surprising. After a careful examination, noting the extent and results of the recurring inflammations, the general physical condition, the temperament and characteristics peculiar to the patient herself, we seek the remedy or combination of remedies suitable for *her* rather than her *disease*—for example.

Belladonna—For the quick, active brunette, jolly when well, a growler when ill, bright, shiny eyes, dilated pupil, quick, excitable pulse, throbbing carotids, pains come and go quickly, just darts, burning soreness, worse at night, delirious, may be better up to 11 a. m., then worse. Menstruation too profuse, bright red, comes in gushes that feel hot to the patient.

Pulsatilla—Light, fair, frivolous, flighty, easily swayed, bitter sour taste; flat, coated tongue, borrowing trouble, hysterical. Menstruation one day one way, one day another. Pains shift suddenly in character and locations. Thick, yellow, bland leucorrhea, chilly but better out doors in the open air.

Mitchella Repens—A splendid tonic where there is that anxious longing they know not for what.

Bryonia—Large, fat, fair, quick actioned women, thirsty for large quantities of water at a time. Pains sharp, cutting, stabbing in character. Does not want to be moved, must lie perfectly still. Constipated, with broad tongue, white or yellow coat.

Cantharis—Urine hot, comes in drops with great anguish. Bright specks before the eyes.

Mercurius Corrosivus 6x—After the inflammation of the acute attack is over to help absorption and it is wonderful what it

will do. Low fever, chilly up and down back, creeps, sallow, dirty complexion. Perspiration, cold, clammy, sticky, which gives no relief.

Rhus Tox—Long pointed tongue, tip red. Restless, must be on the continual move. Pressing, cutting pains in the abdomen, worse at night especially toward evening.

Palladium—Sharp cutting pain in uterus as if a knife thrust through, aversion to any motion. Very proud and egotistical, fond of admiration. We once cured a case with the 6x that had a tumor, large as a small egg in left ovarian region, was hard, we were more than surprised to see it absorbed in two months' time as well as was the consultant who had expected to operate.

Platina—The haughty, scornful woman, better than any one else, sensitive to the least touch and terribly afraid to die, much trembling of limbs.

Echinacea—Twenty to thirty drop doses repeated every hour to three or four times daily is the king pin, and in septic form can not be equaled.

For the local treatment of these cases we use several tampons of wool that have been previously medicated with boro-glyceride, saturated solution, or ichthyol 10 to 20 per cent solution with glycerine. We place the tampons anteriorly, posteriorly and latterly also under the cervix, lifting the uterus, ovaries and adnexa, taking the weight off the ligaments, the medicament absorbing the adhesions. We direct in 48 hours the removal of the tampons, the taking of a vaginal douche consisting of three quarts of hot water, just as hot as can be borne, putting a tablespoon of boro-glyceride with last pint of hot water same to be retained as long as possible. The douche must be given with patient on her back, hips elevated and bed pan to receive the overflow. The patient is directed to return twice a week for local treatment.

We insist upon our patient breathing properly, long and deep, of pure fresh air—for breath is life. We look after elimination, making sure the skin, liver and kidneys are doing their work.

Therapeutic Facts

Hematuria and Acid Urine

I desire to add to the therapeutic collection of valuable facts, one which seems to be overlooked by many physicians. It is a condition of the kidneys and urine from which women seem to be subjected more frequently than men. It seems to be caused by overwork or violent exertion, by overheating and subsequent exposure to extreme cold.

The first evidence of disease is blood in the urine, with severe smarting pain after urinating. The pain is sometimes so agonizing that an opiate is required. Upon examination the urine will be found to be extremely acid in reaction and often there is more or less pus in the urine. The treatment which is common by regular physicians I find to be alkalines for the acid reaction, with urotropin and cystogen. Eclectic physicians would give chimaphila, eucalyptus, corn silk and others of this list. If he should call counsel, santal oil, buchu, pareira brava, and kava kava might be suggested.

My method of treating these cases is based upon the acidity of the urine, upon possible ulceration and consequent hemorrhage. I have given the following formula with excellent results: Aromatic sulphuric acid, one ounce; mangifera indica and glycerin, of each half of an ounce. Mix. Take five or six drops in water at each dose every two or three hours, according to the condition. Later three or four times a day will be sufficiently often. The aromatic sulphuric acid not only controls the hemorrhages, but it changes the character of the urine, reducing the excessive acidity.

Mangifera has its specific influence upon the bladder walls, controlling inflammatory conditions there. In 24 hours the reaction of the urine is normal and the case proceeds rapidly to a happy termination. Acid urine can be made alkaline with potassium or

sodium bicarbonate in a test tube, but not in the human body. In these cases I believe the acidity is due to the products of the ulceration, which is immediately corrected by the above treatment.

FREDERICK A. REW, M. D.

Erigeron in Tympanites

For the treatment of tympanites, I have depended upon the following formula for nearly thirty years. The results of its action have been highly satisfactory. Several old school physicians to whom I have given the formula have been enthusiastic in praising its effects: Beat together, thoroughly, the yolk of one egg, a pint of milk warm, and half of a dram of the oil of erigeron. This is to be used as an enema in any case of tympanites. I obtained this prescription from the materia medica of the late I. J. M. Goss, M. D., of Atlanta, Ga. He gave credit for the formula to the late E. M. Hale, M. D., of Chicago, a very prominent and successful homeopathist.

J. A. HUTCHINSON, M. D.

The Method that Cures

I am an enthusiast in the study and development of the Materia Medica and Therapeutics. I do not believe our vegetable materia medica is understood nearly as well as it ought to be.

I began the study of medicine in a homeopathic college, obtained my diploma and practiced four years. Then I took a course in a regular college and graduated with honors. Since then I have been patiently and diligently working up my knowledge of Eclectic materia medica. I have been using normal and specific tinctures only, for several years. I have come to the conclusion that any man who knows much about these good drugs and their uses cannot remain a therapeutic nihilist, unless he has had his work spoiled by a substituting druggist.

I owe very much indeed of my knowledge of Eclectic medicine to Ellingwood's materia medica and therapeutics. I am trying as much as I can to get my friends in the profession to see that we should have no sects

in medicine. That all schools have good things. If medicine can be taught and practiced on this basis, proprietary medicine men will have to go out of business.

WM. M. GREGORY, M. D.

Turpentine in Typhoid

In the treatment of typhoid fever, don't forget when the indications for turpentine are present that this remedy will sometimes do wonders. In these cases when there is a sudden rise in the temperature that is not readily subdued by bathing, all indications being right, I make it a practice to give castor oil freely, following which there is often a speedy and satisfactory decline in the temperature.

E. B. GREGORY, M. D.

Thuja in Incontinence

For nocturnal incontinence of urine in children and for frequency of urination, passing only in drops, in adults, I have given thuja with better results than any other remedy I have been able to find. For me it has stopped the condition more quickly than others.

C. L. WAKEMAN, M. D.

Veratrum in Puerperal Convulsions

I recently had in my care a young pregnant woman, sixteen years of age, primipara, who was having a great deal of regular pain much like labor pains; supposed to be such, as full term had expired. I determined upon examination that the pains were not of labor. I gave some preparatory medicine and advised concerning the care of the patient, until labor would occur, which was nearly a week. I was finally called in great haste and was notified that the patient had a "fit," and before I reached her there were four severe convulsions. I immediately gave her 25 drops of specific veratrum, hypodermically, and in half an hour ten drops more.

On my arrival the os was neither dilated nor dilatable, but in a short time after giving the second injection the entire condition changed and labor came on in a natural and satisfactory manner. There was no return

of the convulsions, no complications of any kind, but after a rather tedious labor of perhaps twelve hours duration, the patient made an excellent recovery. It seemed strange to me, afterward, to find out that the mother had no knowledge of my having been in the case in any way, and no recollection of anything that happened, or of any pain that she had from the time of the occurrence of the first convulsion.

J. C. ANDREWS, M. D.

Treatment of Syphilis

I notice you took up the treatment of syphilis in the last issue of THE THERAPEUTIST. I had one case that proved to me the superiority of the specifics. A man came to me with a mixed infection nearly two years ago. I fixed the chancroids and told him he had better take some medicine for the other infection. He seemed to doubt my diagnosis and let it go. In about six weeks he had the finest specimen you ever saw. I put him on mercury and potassium iodide, giving all he would stand. He had several mucous patches and they would not heal. After having kept him on this treatment for a number of weeks and until we were both getting discouraged, I gave him the following: Sp. veratrum, two drachms; sp. phytolacca, four drachms; sp. echafolta, one ounce; syr. trifolium compound q. s., eight ounces. Sig.: Teaspoonful in water four times a day. He took the first bottle and when he came back he said it was the best medicine I had given him and to fill it up again. I kept him on it for several months and he improved steadily, the mucous patches healed nicely and quickly. I saw him several months after he stopped taking treatment and there was not a sign of any eruption on him anywhere. This case alone was enough to convince me of the efficacy of the specifics in this disease.

I find that I get much better and quicker results by giving the remedies in larger doses than is printed on the bottle. I have had several cases in children where there was glandular enlargements under the scalp and around the neck. I give them four to six

drachms of spec. phytolacca in four ounces of water and order a teaspoonful every one or two hours and 't fixes them every time, they very seldom need but the one bottle.

I have a case of itching in a pregnant woman that is worrying me, there is not a sign of anything anywhere but the itching at times is terrible, is apt to come on any time but seems to be worse at night. There is no eruption, skin nice and smooth, bowels normal, kidneys acting freely. I have diagnosed it as a terminal nerve irritation. Am I right and what will stop it? Thanking you in advance for your kindness, I remain,

Yours very truly,

R. G. GRESSMAN, M. D.

Treatment of Tonsillitis

I have been noting with great interest the different treatments recommended for tonsillitis in the past several numbers of THE THERAPEUTIST and wish to give one which has served me so well for the past ten years, and has won for me more good families than anything I know to attribute my practice of today too. This treatment has a tendency to overcome the predisposition to future attacks. When I first came here people were used to having their throats lanced and were laboring under the impression that there was not anything else for them to do only let the throat go and burst of its own accord, or send for the doctor to open it. I have changed this idea with most of them now.

I first make application to the tonsils of fl. gum guaiac and give internally the following:

R

Sp. m. phytolacca dr. jss

Sp. m. echinacea dr. ij

Baryta carb. 3x.....gr. xxxij

Glycerin oz. j

Aqua q. s.....oz. jv

Misce et sig.: Teaspoonful every hour.

Calcium sulphide ix. Sig.: One grain every two hours in between other medicine. In the follicular form or diphtheric I use merc. iodid 2x, one grain every two hours with the calc. sulph. if the tongue has a

yellow coating, if it is bluish like in form I substitute lachesis 6x in the same size dose. These are the only cases where I use a local application, and then only with an atomizer:

With this treatment I have been able to relieve all of my cases in twelve to seventy-two hours without lancing or allowing the tonsils to burst.

F. J. LONGFIELD.

Eclampsia Treated Specifically

In the treatment of post partum eclampsia I am positively in favor of giving the case a rapid survey in order to determine exactly the specific indications present at that time and to treat those indications in a specific manner. In one severe case I had, the flushed face, contracted pupils and small pulse were plainly present. I gave only five drops of gelsemium, hypodermically, and followed this treatment with gelsemium by the mouth and there was no return of the spasms.

In another case there was a hard full bounding pulse running 130 per minute. I gave five drops of veratrum, hypodermically, and repeated the dose in half an hour and there was no return of the spasms.

H. C. HART, M. D.

COMMENT.—The doctor's suggestions are indeed excellent. It is common to treat the fact that the patient has spasms, with some remedy advised for spasms, making no study whatever of the specific conditions. I am certain that the fact that the doctor prescribed the remedies named in accordance with their indications, accounts fully for the fact that he obtained satisfactory results from very much smaller doses of each remedy than those usually advised. We must impress upon our minds the importance of looking for the exact indications and meeting them. The doctor probably refers to puerperal eclampsias in general, although his cases were postpartem. In either case the suggestions would apply.

Eryngium

I have found Lloyd's specific eryngium to be a valuable remedy in irritable conditions of the bladder. I first used it personally with a great deal of relief. I have prescribed it in such cases often since, and so far have not been disappointed in its action. In fact I have used it sufficiently often to

convince me that it has a specific influence in a certain class of these distressing cases.

GUY HUTCHINGS.

COMMENT.—The specific indications for this remedy are irritability either renal, vesical, or urethral, which is accompanied with burning pain, sometimes sharp and cutting. There is frequent desire to urinate; frequent, scanty urination, accompanied with scalding and burning. A sensation of uneasiness in the bladder or pain and severe aching, which extends up to the loins; scanty urine, passed after frequent ineffectual attempts to empty the bladder. It relieves disorders of the bladder and urinary irritability, which are caused by uterine irritation.

Queries

What is the best method of removing particles of black powder or coal, or their stains, from the skin of the face? Where can I find in literature a description of the technique of their removal?

Can I truthfully promise my patient a satisfactory result? I would like a reply to these questions through the pages of this journal.

T. J. WEST, M. D.

COMMENT.—In different cases, different methods have been advised for the removal of powder after an explosion, or after having been blown into the skin. I would like the readers to reply fully to this request from their own experiences. Once in my early practice, I applied a large poultice of ulmus over the entire face, when it had been blown full of powder the day before. Suppuration around each particle took place. I then washed the suppuration surfaces with an antiseptic wash and obtained perfect results. I have not had just such a recent case since, in which to apply this method and have never heard of any one else using a similar course.

To Abort a Cold—Urinary Incontinence

When I have a patient who is just beginning to complain that he has caught cold, I give him fifteen drops each of gelsemium and jaborandi. If he remains quiet and in a warm place, the condition is usually aborted at once.

C. L. WAKEMAN, M. D.

COMMENT.—In the dose mentioned above, the combination would be safe in sthenic cases with most adults. For feeble patients and children or those who suffer from heart trouble it might produce considerable depression. In any case it must be watched very closely and the dose repeated only with great care. There is a similar depressing influence possessed by each of these remedies, which might be exercised unduly when given together.

Permanganate of Potassium in Septic Fever

I should like to present the following as my method of treating those cases of blood poisoning in which there is a high temperature. The reader will probably give veratrum and echinacea in these cases, but I have found the temperature to drop much more quickly by using this method in addition.

I make a solution of the permanganate of potassium and use this as a rectal enema, insisting upon the patient holding it as long as possible. The enema may be repeated three or four times a day. You will find that the temperature goes down very rapidly.

C. L. WAKEMAN, M. D.

COMMENT.—Theoretically this agent would be decomposed as soon as it comes in contact with the secretions and excretions of the intestinal tract. If there was organic infection there to be destroyed by the nascent oxygen that is supposed to be freed by the decomposition we could understand its action. How it would influence toxins in the blood would have to be explained. Clinical results, however, are very potent in demolishing theory, and the doctor says the results can be obtained.

Coryza

The following method has been a successful one with me, in the treatment at the beginning of a cold, or during the earliest symptoms of coryza. I have used from fifteen to twenty drops of *avena sativa*, in hot water every two or three hours during the developing stages of this disorder.

As a result of this simple treatment the symptoms disappear and the disease is aborted.

J. A. W.

Bandaging Tibial Ulcers

For many years I have treated tibial ulcers with the use of bandages, after the method taught when I was in college, by Prof. A. J. Howe, M. D. He advised that the bandage be made from white flannel—that which is called baby flannel. The bandage is made after the form of an ordinary roller bandage, two and a half inches wide and from fifteen to eighteen feet in each roller, rolled up close and tight. The application

is made after the method of an ordinary roller bandage. The ulcers are first cleansed with some antiseptic lotion, such as a solution of asepsin, or a lotion made from combining one dram of echafolta and half of a dram of calendula to a pint of water. The bandage is applied from the toe to the knee, once each day until the ulcers are healed. This simple course has been very satisfactory with me. I have treated ulcers that have existed for years and in patients between 75 and 80 years of age, with complete cures.

J. C. ANDREWS, M. D.

COMMENT.—The method of treating tibial ulcers by bandaging has been in vogue for perhaps thirty years. But few physicians, however, have found the method applicable to all cases indiscriminately. While many cases are benefited by it, and a number of cases are cured, provided all other conditions abnormal are corrected, there are still other cases that may be successfully treated without it.

A rubber bandage made of very thin rubber has proved successful in many cases, when properly applied, but the objections to its use are that it confines the excretions and is difficult of application, by which uniform pressure can be made. Bandages made of an elastic mesh are satisfactory in some cases.

Gargling

In a recent issue one of your correspondents speaks of gargling and then he says: "The medicine is allowed to trickle down the throat." I can drink even standing on my head but for the life of me I can't "trickle." Will you have your correspondent explain how he gets a patient lying down to trickle anything down his throat. He had better look up the subject of deglutition. Then the same article goes on to speak of gargling by the writer's method, intimating that in it the patient does not absolutely close the pharynx. The brother should look up the physiology of this matter.

JAMES LONG, M. D.

Specific Indication for Sodium Phosphate

The phosphate of sodium is a valuable remedy, but mild in its action and somewhat slow in accomplishing results. Its field is similar to that of other liver remedies generally considered, that is, it is beneficial

where the liver is inactive, where the skin is sallow, where the bowel movements are pale or clay colored.

In the following conditions it is also a specific. In catarrhal conditions of the upper bowels, with colicky pains in the abdomen; where there is irregular action of the bowels with sour or acrid eructations three or four hours after eating; where there is a sensation of weight and fullness in the region of the liver, with great discomfort when lying on the left side, which is described as a dragging or pulling sensation in the region of the liver.

Also, in summer diarrheas, where there is large, colorless, watery discharges, with a chalky like deposit on napkins upon drying; or where the discharges are greenish or feculent. If cystitic irritation is present with the above named symptoms, or if such irritation is induced by the presence of uric acid, this agent is curative.

To an adult, from fifteen to thirty grains in a half a glass of hot water before meals is a satisfactory method of administration. To infants, from ten grains to a dram in three ounces of water, a teaspoonful every three hours is the proper dose.

At various times suggestions have been made in favor of the use of cranberries in the treatment of both acute and chronic rheumatism. It has been suggested as positively an anti-rheumatic remedy. A decoction is made of the berries in conjunction with both the leaves, the stalk and the root of the plant, in the proportion of two ounces to six ounces of water. The above quantity is drunk every 24 hours, from four to ten weeks, this time required to cure chronic cases. Acute cases will yield readily if at all. The influence of the agent is slow and increases gradually from time to time, and it is advisable to continue the agent quite a little time after the symptoms have disappeared.

No man is so insignificant as to be sure his example can do no hurt.—*Lord Clarendon.*

None preaches better than the ant, and it says nothing.—*Franklin.*

Choice Gleanings

LYCOPUS VIRGINICUS

A note on *lycopus europæus* in the May number of the *Summary* reminds me of *lycopus virginicus* used by our school of practice. The remedy is a valuable one in conditions not amenable to other treatment.

The drug produces a rapid, tumultuous, weakened heart action, with venous stasis. Rheumatic pains involving the heart, hemoptysis, and hemorrhoidal bleeding are also symptoms developed in the proving.

The remedial action of *lycopus virginicus* is especially marked in exophthalmus, goiter and conditions simulating that without the goiter. It is said we have Graves's disease with any two of the three prominent symptoms (rapid pulse, exophthalmus, goiter) present. I have seen cases which seemed to be Graves's disease, but the two most diagnostic symptoms—exophthalmus and goiter—were absent. The heart symptoms are the same as produced by *lycopus virginicus*, and that remedy is, therefore, curative. Indeed, severe cases of Graves's disease have been cured or greatly benefited by this remedy under my personal observation.

The symptoms which specifically indicate the use of this remedy are those mentioned above, with dyspnoea, wheezing, cough, anemia, palpitation, rheumatic pains, and great nervousness.

The condition of the circulation is such as to suggest the use of *digitalis*, but it does little or no good—surely no permanent good. The pains about the heart remind us of *aconite*, *kalmia latifolia*, *rus tox.*, and *spigelia*. Intercoastal pains remind us of *cimicifuga*, *ranunculus*, *rhododendron* and *rus tox.* The condition of the venous system leads us to compare *collinsonia*, *hamamelis*, *pulsatilla* and *carbo veg.* An extreme condition would require the consideration of *veratrum album* and hydrocyanic acid. The cause of a similar condition might be such that we would select *arnica* instead of *lycopus*.

Not that these remedies can be used interchangeably or together, but *the one right remedy* must be selected according to specific conditions, comprising *all* of the symptoms present. A choice must be made between *lycopus virginicus* and the remedies mentioned in the foregoing list which have similar symptoms. If *spigelia* is the right remedy *lycopus virginicus* will do no good. If *lycopus* is the right remedy, the drug that would produce a similar condition in a healthy person, then it is the only one which will act curatively.—*Homeopathic Recorder*.

THE TISSUE REMEDIES

Polychrest Salts.

Ferrum phosphoricum.—The anti-fever and muscle salt.

Calcarea phosphorica.—The cell wall salt.

Kali phosphoricum.—The nerve tissue salt.

Natrum muriaticum.—The great assimilation salt.

Magnesia phosphorica.—The anti-pain and anti spasm salt.

Silicea.—The anti-cold salt.

Natrum sulphuricum.—The anti-wet salt.

Natrum phosphoricum.—The anti-acid salt.

Calcarea sulphurica.—The anti-suppuration salt.

Kali sulphuricum.—The anti-catarrh salt.

Kali muriaticum.—The anti-false membrane salt.

Calcarea fluorica.—The elastic tissue salt.

If a human body weighing one hundred and fifty pounds were cremated and perfect combustion obtained, the ashes would weigh about one and one-half pounds. This represents the mineral constituents of the body, the rest comprising water, oil, albumen, starch and sugar. These ashes are composed of twelve mineral salts, three salts of potash, three salts of soda, three salts of lime, one each of *magnesia* and *iron*, and the remaining one *silica*.

Aside from the salts, the tissues seem to differ little from each other. With their addition, each tissue seems to possess a distinct individuality, so that to a certain ex-

tent the mineral constituents seem to give the tissues each its stamina, its durability, its functional power, its stability, its color, solidity, strength, permanency.

Nearly all of the tissues have nearly all of these tissue salts in some proportion, but certain tissues seem to depend for their necessary qualities upon the presence of some one salt in definite quantities, notable instances being as follows: Iron in blood and muscle, lime in cell wall and bone, potash in gray matter of nerve and brain, magnesia in neurilemma. In all four of these notable instances you will notice that the salt (or metal) is present in the form of the phosphate.

And to simplify the study of these tissue salts in their relation to biochemistry, so-called, or, in other words, to simplify their study as therapeutic agents, one has to keep these four biochemical polychrests in mind and add to that, a study of *natrum muriaticum*, the great "hod carrier;" as well as this necessary to learn most of what we now know of the so-called tissue remedies as clinical agents.

It was Dr. Schussler, a German Homeopathist, who first attempted to found a therapeutic system, upon the use of these tissue salts alone. Though in a crude way physicians have been prescribing some of them for many years, notably, different preparations of iron and lime as tissue fortifiers in wasting disease, Dr. Schussler's theory was that all curable diseases could be successfully treated by their scientific application.

His theory was that all disease is dependent upon the disturbance of the equilibrium normally existing between these salts—these dominant factors of the human organism. And that health could be re-established by the administration of such salt or salts as will restore biochemical equilibrium between the tissues, harmonious atonic vibration, so to speak; others think that the cure is wrought simply because the needed tissue salt is supplied in assimilable form.

As bearing upon this last thought, it is certain that these salts, in solution or in the

highly comminuted form obtained by trituration for hours with sugar-of-milk crystals can pass through animal membrane by osmosis and become incorporated with the tissue needing it.

True, only small quantities of such substances as iron and silica can be absorbed in this way, but as they exist in such small proportion, each tissue approximately one-twelfth of one per cent—a microscopic quantity—is all that is necessary.—*Med. Century*.

A CASE OF ACONITE POISONING

Homer Hollinger, age 26, 2012 Prospect Ave., Cleveland, Ohio, drank about three-fourths of an ounce of the tincture of aconite. This occurred on Friday afternoon, August 21st, about twenty-five minutes after 2 o'clock. He immediately discovered his mistake, and took about a tablespoonful of ground mustard in water, but couldn't vomit. His sister, who lives with him, being frightened, could not phone me. She finally did succeed in finding my number and told him. He says that by this time his memory was so affected he could not retain the number, and she repeated it to him over and over.

When he got the connection I asked him what the matter was. He told me. I ran over with a bottle of the tincture of belladonna, which is said to be an antidote. Before reaching the house I decided belladonna was dangerous. The man was frantic, sitting down, getting up, pacing the floor, pulse weak and irregular, intense burning in throat and stomach. He told me how much he had taken, and showed me the bottle with some of the "real thing" in it.

All this occurred in one-tenth the time it takes to write it. "Have you any vinegar?" I asked. In response he brought a glass jar with about a quart of excellent cider vinegar. A half teaspoonful was about all I cared for. "Drink, drink!" said I. He drank about a half pint. "I don't taste it at all," said he. "It doesn't matter; drink some more," I replied. He drank another half pint right out of the quart jar. In fewer than five minutes

he was greatly relieved, and his pulse was much better. Then having watched him about twenty minutes I went home across the street, thinking I would read up, leaving orders for my patient to take a half cup of vinegar, diluted with water, every half hour.

Having looked up the subject hurriedly, I called up Dr. J. A. Lytle, registrar of the Cleveland Homeopathic College, and several other doctors. Every one said, "Your patient will die." This was rather discouraging. I hurried back to find my patient somewhat weak in the legs and back, and his sense of smell so acute that he held his nose while drinking the vinegar. The muscles about his eyes, too, were somewhat drawn. Otherwise he was feeling fine. He took no more vinegar after 4 o'clock, and in all took almost a quart, the first dose about fifteen minutes after taking the aconite.

The vinegar almost immediately relieved the burning and choking sensation in his throat. His saliva, which was thick and stringy (hanging down three or four feet, at my arrival, on his attempting to spit), did not change its character for at least half an hour. It gradually became normal. All the symptoms gradually subsided, and there were no others except that he says: "About midnight my head felt very strange and flighty, but it lasted only a few minutes." This was probably due to the vinegar. Next day he was ravenously hungry.—*Homeopathic Recorder*.

RHUS TOXICODENDRON

The skin symptoms, so easily excited in susceptible persons by the emanations of the poison ivy, are but one phase of an action remarkable for its ability to induce a wonderful sensitiveness to those external influences which diminish mobility by quickly abstracting heat. Weather capable of bringing about this result is so common in America that it often corresponds to the genus epidemicus. Sudden changes of temperature, dampness, cold rains, getting wet or chilled while sweating, cold baths, cold applications, uncovering, etc., are but a few of the things which may excite rhus symptoms. Con-

versely, warmth and motion, which of itself evolves heat, have a relaxing and, therefore, distinctly modifying effect.

Rhus causes the skin to break out in burning, itching vesicles which spread by means of their acrid contents or harden into thick crusts. The eruptions are more likely to attack the hairy parts and are frequently accompanied by heat, erysipelatous redness, swelling and stiffness. In older cases the skin thickens, forms moist, eczematous eruptions or breaks down into weeping ulcers. It often has an unhealthy look and is slow to heal and again it is the seat of itching, crawling, prickling sensations which scratching converts into burning, humid, sore spots. Such effects should remind you of milk crust, erysipelas, intercostal neuralgia and some other diseases. In rhus poisoning a very high potency in the single dose is the most efficient remedy.

Repose is just as unendurable to the rhus patient as it is grateful to the bryonia subject. Rest brings no relief, on the contrary the complaints reappear or are worse then; the bed soon begins to feel hard, tearing, shooting or other pains come on and torment the sufferer until he moves again and again. The pains impel him to move (arsenicum); the physical restlessness reaches its acme in the hours after midnight, greatly disturbing sleep, causing laborious dreams and an unrefreshed awakening. Prolonged rest is followed by slow action and stiffness particularly in the morning; the latter is combined with a desire for motion which, however, is difficult and painful at first, but after becoming warmed up the patient goes along easily enough until weakness overtakes him. The typical rhus state finds expression in a desire for relief from physical rather than mental suffering.

In the deeper tissues a soreness as if the part had lain in an uncomfortable position too long or a feeling of being torn or beaten loose is a rather common occurrence, and has among other things led to its use in sprains and the after effects of violent muscular exertion. It is characteristic of rhus that it affects the left side more, or the symptoms

move from left to right. The progression or sequence of symptoms can have little or no meaning for the materialist, but the observer of small things and the student of nature gets hints from them which help him to maintain the delicate balance of the vital forces.

We are accustomed to see tonsillitis, erysipelas and rheumatism attack one side, and when this happens to be the left one, lachesis and rhus come prominently into view. In all throat diseases rhus is to be chosen in preference to lachesis when the attack has been brought on by exposure to dampness, is better from heat and is either eased or not affected by repeated swallowing. Herpetic eruptions are very apt to accompany them. In hemiplegia it is also necessary to make a differentiation, but the sleep symptoms of the snake venom lighten the task very materially.

A strand of red runs through its symptomatology. It is not a rare thing to see the urine leaving a red stain or stools that are brick red from blood, when it is indicated. In pneumonia when the expectoration is rusty red it is one of the most useful remedies. Then we have dysentery with its red, mucous stools and puerperal fever with muddy, red lochia. A tongue which is dry and red or has a triangular red tip is frequently found in any or all of the above mentioned diseases. Sometimes a bloody, red saliva runs from the mouth during sleep. There is much craving for cold drinks, particularly in fevers, although they may sometimes increase the cough, the chill or the diarrhea.

The circulatory manifestations are more evident during rest. The pulse is mostly soft and sleeplessness is prominent.

The chill is remarkable for the large number of its concomitants, among which rheumatic pains in the limbs are much in evidence. Sometimes it is right sided while the heat is left sided. During the heat thirst for little and often, especially at night, comes on, a triangular redness appears on the tip of the tongue and a regular typhoid state with sordes on the teeth, diarrhea, restlessness

and increased distress after midnight supervenes.

The sweat is often critical but seldom debilitating. There are times when it has a musty odor or causes itching of the skin. It may cover the whole body except the head, or the affected part only, and is more profuse on falling to sleep, during pain and from exertion. This musty or mouldy odor is not confined to the sweat by any means, for it is present in the expectoration and other secretions. Occasionally it takes the form of an illusion of smell or taste.

In the typhoid state it stands pre-eminent. The tongue may present the classical triangular red tip so indicative of this drug, simply being red at the point.

There are two diseases which so often depict rhus that they deserve especial mention. The first of these is lumbago, which as you know belongs to the rheumatic group. The cases for which it is suitable are often caused by getting wet and are relieved by continued motion or lying on a hard surface. Then we also have sciatica, so often brought about by exposure combined with imperfect elimination, with its pains, which are relieved by rubbing, heat and exercise.

To sum up we have:

1. Affections caused by exposure to cold, wet or getting drenched while sweating, cold baths, etc. Effects of hard labor and exposure. Laborious dreams.
2. Symptoms which appear on the left side or move from left to right.
2. Rusty red secretions.
3. Stiffness and soreness of the affected parts. Sensation of something tearing loose.
3. Vesiculo-erysipelatous eruptions with stiffness of the skin. Humid eruptions. Vesicles about the mouth.
4. Extreme restlessness, can not find a comfortable position; must move to get relief. Inclination for motion, which brings relief, is the great characteristic.
5. Triangular red spots on tip of tongue, or a dry stripe down center.
6. Aggravation on beginning to move but amelioration from continued motion.—*Homeopathic Recorder.*

Ellingwood's Therapeutist

A monthly journal devoted to the study of the most direct action of drugs upon exact conditions of disease; issued on the 15th of each month.

Edited and published by FINLEY ELLINGWOOD, M. D., 100 State Street, Chicago.

Subscriptions, \$1.00 per year in advance and One Therapeutic Fact, which should be sent with the subscription.

Editorials

YOU AND I

I think I have proven, by this time, doctor, that if you and I work together, we can help every other doctor, and can help the cause most satisfactorily. Have you, doctor, sent me a single fact for publication in this journal yet? Whether you have or not, it is your duty to give me another right away. Let me have it by return mail, without delay. This means you, doctor.

"I never knew a really great physician who was not greater as a man—whose greatness did not rest upon his personal and moral basis, which elevated and strengthened his professional life, infused itself into the community in which he lived, and was in fact, the underlying and pervading cause of his influence and consequent success in his profession.

It has been my personal fortune to know such a man. It has been my privilege and delight to accompany him in visits where his only medicines were the personal presence and conversation of the man himself. He had shared and lessened their anxieties, counseled the wayward; cheered the weak-hearted; had rejoiced with them that did rejoice, and wept with them that wept. He led the sick back to health.

I have seen such a man, surrounded by an atmosphere of love and trust, holding as it were the heart-strings of a family in his hands, their guide, philosopher and friend. And then I realized what a moral force in society the profession, properly comprehended and properly trusted was capable of exerting, and how relatively small a part of its usefulness was the administration of medicine."

—Bayard.

FOR ESSENTIAL CO-OPERATION

With the opening of the year there is born in all a desire to "make good" for the year to come; a desire to forget the mistakes of the past—to make no more of them; to improve upon every good effort we have made, and to be more successful in them. Resolutions, though often broken, if they are good ones, leave an influence which surely stimulates effort for the coming year.

In the field of this journal, while opportunities have been many in the past, they were never so great as at present. There is certainly a renaissance of the study of therapeutics. The Council of Pharmacy and Chemistry have sent out letters to the members of the American Medical Association endeavoring to inspire them with a zeal in observing the clinical action of drugs. We might say that it is remarkable that they are using, for the first time, by their school, the exact words with which our teachers have urged the observation and study of drug action in the past. In their letter of Dec. 2nd, they urge that the individual physician "observe and report the specific, the direct action of single drugs upon conditions of disease."

It is certainly true that the regular school was taking this up. It is almost unaccountable that it has been neglected so completely in the past. Our work is pioneer work in this line. The results of our work are on record and will be taken as a guide in their observation. It remains for us to perfect our observations, to reconfirm them, and to hold to the truths we have proven. Let us work in this line more diligently in 1909 than ever before and let every reader of this journal co-operate for the accomplishment of splendid results.

EATING AND SLEEPING

Arbitrary hygienic rules are as apt to be wrong as right when indiscriminately applied. It is a very common thing to say, that it is injurious to eat before going to bed. This statement has become commonly accepted as applicable in all cases. In cases where there is faulty digestion, where the patient is inclined to plethora with no nervous symptoms, the advice is proper. It is also proper after great muscular exhaustion. In the latter case the patient should be well fed with highly nutritious food, but it should be eaten from an hour and a half to two hours before sleeping.

There are however many cases of nervous exhaustion and mental overwork where constant nutrition are essential. In these cases,

if the patient desires to sleep well and be refreshed by the sleep, he must take some nutritious, easily digested and easily assimilated food, and sleep with his head low. A few dry crackers, a bowl of bread and milk slowly eaten, a bowl of hot beef tea or rice, will secure a refreshing night's sleep, much better than any known hypnotic. A tablespoonful of bovine will often do more than a quarter of a grain of morphin.

Apropos with this is the custom of riding in a sleeping car. We are constantly informed that it is necessary to sleep with the head toward the engine. In the first class of cases above mentioned, or where there is a tendency to cerebral hyperæmia this is the proper method, but where the latter condition is observed, or where there is insomnia from cerebral anæmia, or where there is brain exhaustion or nervous irritation, most generally speaking, very desirable results and a refreshing night's sleep can be obtained by sleeping with the feet toward the engine. The reasons for this are plainly apparent to any thinking individual.

THE CRY OF THE CHILD

In the diagnosis of diseases of children, the closest observation possible is essential. It is necessary to note every expression, every muscular movement. The cry, the respiration, and certain appearances are indications of importance in the diagnosis of obscure cases.

The cry of a child has more in it than a careless observer would suppose. In some cases of croup the condition actually develops without cough. In these cases the cry will suggest to the physician the actual condition. It has a peculiar metallic sound, is uttered with unusual force, and is followed by a crowing inspiration. The crowing inspiration will sometimes be observed forty-eight hours before the cough is particularly croupal in character.

The sharp, quick, sudden cry, or the scream when the patient is in apparent health or when awakened out of sleep, indicates acute cutting pain. If attended with tossing of the head, or pulling at the ears,

will indicate earache, if attended with drawing up of the limbs, will indicate colic. Continued, severe crying indicates a persistent cause of pain, which may be located by other symptoms. A constant worry denotes an irritability such as exists in teething.

The cry in pneumonia is severe after an effort at cough, and more or less constant and muffled between the coughing spells when awake, with a little catch at the end of the inspiratory effort in the respiration when asleep.

The cry of meningitis, and in every acute inflammation of the nerve structure and in hydrocephalis is a short, sharp cry, preceded by a moment of quiet, with an expression of pain on the countenance. The pain in pleurisy is evidenced by a sharp cry with nearly every inspiration.

In any condition that induces general wasting of the body, there is continual fretfulness, accompanied with moaning, and the patient cries as if exhausted.

These evidences, as we have said, are important and should impress themselves upon the mind of the physician, as the cry alone will enable the physician at times to determine the seat of the malady.

CANNABIS INDICA

To relieve pain in the pelvic region, and to allay certain forms of neuralgia and headache, cannabis indica is highly prized by certain physicians. One writer claims that it is not a poison, as he does not know of any serious cases on record, but that to obtain its full effect it must be given in full doses. Small doses are stimulating and exciting, large doses are required to obtain a sedative effect. He gave the tincture in from twenty to sixty minims at a dose, and the solid extract in doses from one-half to two grains.

He has found it useful in dysmenorrhea, especially the spasmodic variety and in painful chronic nephritis. In many cases of uterine cancer it has either prevented the pain entirely, or satisfactorily allayed it. In anemic headaches, while the anemia is being overcome, the headache is controlled by this remedy.

It is a safe and excellent hypnotic in insomnia. Where the pain is persistent in dysmenorrhea a suppository made of the extracts of cannabis indica and belladonna, one grain each with a dram or a dram and one-half of the oil of the obraoma may be introduced each night, beginning two, three or four nights in advance.

ACUTE LOCOMOTOR ATAXIA

While locomotor ataxia usually develops slowly from gradually increasing causes in the cell structure of the spinal cord, there are cases which develop more or less abruptly with but few, if any, premonitory evidences.

There is a variety due to cellular change in the structure of the brain, which produces disturbances of speech and psychical symptoms in addition to the ataxic phenomena. The commoner form is marked by the presence of various anesthetics and paresthesias without psychical complications. In either case paralysis may be absent or present.

Among those which occur abruptly and unannounced are those which follow certain infectious diseases, such as typhus or typhoid, or diphtheria. Clinically considered these can hardly be distinguished from the ordinary ataxic conditions—tabes dorsalis, but are readily separated by the history and progress of the attack. There is the same peculiar gait, the same characteristic stepping with pounding of the feet and the inco-ordination and local anesthetics. The major symptoms are identical in both cases. These acute cases are usually more amenable to treatment, often recovering in a few weeks, or they may enter upon a chronic stage. They are seldom fatal.

I have had under observation for seven or eight years a case which developed in the course of two or three days and at first was rapidly progressive in character. There might have been a psychic element involved in the cause of this case, as there was an operation performed on the rectum without an anesthetic and entirely unexpected and unannounced to the patient. The ataxic

symptoms were quite fully developed within twelve hours after the operation and the patient was mentally depressed to an extreme degree.

This case as stated progressed rapidly at first but the progress was finally retarded by treatment and the case assumed a chronic form. There are few cases that received a greater variety of treatment than this had, but I am bound to credit the action of the Roberts-Hawley lymph compound with stopping the progress of the disease and adding five or six years to the life of the patient. This preserved intact, also, the condition of the mind of the patient, enabling him to attend to the details of his business.

ALOES

In its influence upon the intestinal tract this remedy has long been considered an important one.

Many of our own physicians use it in sluggish conditions of the bowels. Its influence when properly guarded is different from that of any other laxative remedy, and in some cases is superior.

Our writers have not paid sufficient attention to it. Because it is one of the older remedies, it should not be discarded, but its exact place in our therapeutics should be determined. The aloe plant grows in the tropics, in the East Indies and tropical islands. For several years it has been cultivated in the West Indies.

The older works describe it as tonic, purgative, emmenagogue and anthelmintic. Because of its unpleasant taste and irritating properties, its tonic influence is seldom utilized. In sufficient dosage it is a powerful purgative. This principle is thought to be present principally in an active derivative called emodin. But this principle and another derivative called aloin are less reliable in their effects than the total aloes properly purified.

A writer in the *Journal of the A. M. A.* claims that this remedy stimulates the activities of the muscular coat of the intestinal tract, increasing peristalsis principally of the large intestine. The movements that aloes

causes are soft and dark colored and, ordinarily, not watery. Aloes seems to have a predilection for irritating or congesting the rectum and causes congestion generally of the pelvic organs, therefore, it is inadvisable to use aloes as a laxative when there are hemorrhoids, rectal or colon irritation or inflammation of the pelvic organs, or in pregnancy.

Its stimulant action to the mucous membranes of the intestines, probably reflex, increases the secretion of the liver and pancreas and the intestinal glands. The griping caused by aloes is referred to the umbilical region.

The most important therapeutic use for which it is recommended is as a laxative. On account of its especial action on the mucous membrane of the intestines, it causes a griping and congestion which necessitates combining it with other drugs that correct the unpleasant action, such as belladonna, colocynth and hyoscyamus.

Among the diseases for which this remedy is administered by the old school, and advised by their leading authorities, is simple jaundice with lack of tone; constipation depending upon weakness of the intestinal tract; amenorrhea with deficient capillary circulation, in which case it stimulates the circulation in the capillaries of the pelvic organs, and determines an afflux of blood to the uterine system. This is accomplished, only, however, in doses that are apt to be toxic, producing other pathological conditions.

It is used, also, in the treatment of hemorrhoids, due to a sluggish condition of the circulation of the inferior hemorrhoidal veins. Where this remedy is used for constipation, the indications are, plainly, deficient peristaltic action; the tongue is coated; the breath is foul; the abdomen is full and tumid; and there is more or less inclination to impaction of the colon.

The homeopaths have a very definite line of indications, among which are the following, which are taken from a paper in *The Medical Century*: Headache across the forehead, with heaviness of the eyes and

nausea; incapacity for mental work; gastrointestinal irritation, with coldness of the lower limbs from afflux of blood to the cerebral centers; bitter, sour, metallic taste; tongue coated yellowish white, stiff, dry and red; aversion to meat; thirst with dryness of mouth; eructations bitter, acid or sour; heaviness in the hepatic region; pulsation in the region of the naval; distention of the abdomen, especially with flatus.

Constipation of hypochondriasis and melancholia is best overcome by aloes. The homeopathic indications for the use of the drug in mental derangements are anxiety; patient is ill-humored, hates people and repels everybody; vertigo, etc.

Menorrhagia occurring in debilitated and relaxed subjects. The symptoms attending a case of this variety which would call for aloes, homeopathically prescribed, are fullness and heaviness in uterine region, with labor-like pains in loins and groin, worse on standing; menses too early and too profuse. Barker advocated the use of aloes in non-puerperal hemorrhoids; but says the local condition must be suitable for the use, or the disease will be aggravated; that is, a sluggish state of the circulation in the hemorrhoidal veins.

The recommendations for the use of aloes in hemorrhoids are practically homeopathic for its use. Some of its characteristic symptoms and indications in hemorrhoids, or in any other disturbance of that portion of the alimentary canal, are, heat and soreness in the rectum; urging to stool, especially in the morning; hemorrhoids protruding like grapes, with constant bearing down in the rectum; weakness or loss of power of the sphincter ani; itching and burning in the anus, etc.

The comparison shows that Barker recognizes the possibility of an aggravation if the indications are not present, for this use of this especial drug. His indications include many of the homeopathic indications. The latter shows a much more exhaustive study which the experience of a hundred years has proven valuable.

Barker again advocates the use of aloes when hemorrhoids are associated with an

irritable rectum, accompanied by frequent, teasing, thin evacuations, but gives a much smaller dose. In these conditions, Bartholow says it is generally better to give aloes by itself and in small doses.

When the drug is used in doses sufficient to get the active effects desired in the above conditions, other drugs are used in combination to overcome the unpleasant and even injurious or poisonous effects, as the following prescriptions will illustrate:

R. Aloes socc., ext. opii aq., sapo. cast, aa, grs. x. Mix, ft., pil. No. xx. Sig. One pill morning and evening.

This prescription is used for hemorrhoids associated with an irritable rectum. The so-called officinal pill contains asafetida, to diminish the drastic effects, while it increases the efficiency of the purgative action.

On the other hand, experience has taught that, although contra-indicated when there is congestion of the pelvic viscera and the existence of hemorrhoids, or when the hemorrhoids are associated with an irritable rectum and with frequent small, teasing, thin evacuations, aloes in small doses is a very efficient remedy.

THE NIHILOPATHIST

In line with the position taken by this journal in favor of clinical drug study and faith in medicine the following from the pen of Dr. Jos. R. Hawley of Chicago, editor of *The Bulletin of Animal Therapy*, is indeed refreshing:

"There is a new school of medicine with a large membership and with as sharply defined tenets as those of erstwhile allopathy, homeopathy, and eclecticism. It is just as worthy of a distinct name as any pathy or ism of history. It has originated almost wholly from the regular school of practice. Its title, as usual, must be taken from its therapeutic beliefs. I suggest the name of *Nihilopathy*.

It is an outgrowth of the revolution that has occurred in theoretical medicine during the last half-century. The ultra-scientific and their apes (more numerous) appear to have been overwhelmed by the radical re-

construction of non-therapeutic medicine and now demand that therapeutics be equally scientific or they will have none of it. If they stopped with the demand their influence would be all constructive, but when they go farther and become therapeutic nihilists their influence becomes exactly the opposite. They have allowed the destruction of a few ancient therapeutic dogmas to make them general therapeutic iconoclasts.

The new school will live but it cannot dominate because it is based on a fallacy. It interdicts empiricism, which generated and developed therapy, and is today responsible for practically all of our remedial equipment. It not only generated treatment but medicine itself. While the physiological action of many empirically-born agents has been scientifically explained, exactly how they act in a given disease has been conclusively established regarding very few.

Practical experience alone begot, and practical experience alone explains the specific value of iodides, mercurials, quinine, colchicum, salicylates, and many less specific equipments of practical medicine.

The new school glories in its rigid theoretic tenets, refuses to recognize experience, and *ridicules clinical data* unsupported by plausible or at least finely drawn theories, and *a thousand clinical results weigh nothing* when apparently controverted by an abstract theory or even a tenable hypothesis.

The *damage* this school has done to *therapeutic advance* is immensely greater than the good it may have done or may do. It was not necessary to evolve therapeutic nihilism in order to encourage scientific therapy. The scientific study of known therapeutic agents and search for the unknown were progressing much more rapidly before the days of the nihilist than since.

No nihilist has ever discovered anything in treatment and never will, but his influence is unfortunately not negative. He, with his apes, and his friends the mugwumps, are responsible for the present unpopularity of any but the most ultra-scientific research. Empiric developments of unusual merit in therapy have been practically unknown for

twenty years, and this period covers the life history of the school in question.

Its baleful influence has not been entirely obstructive. Because of the dignity and prestige which ultra-conservatism seems always to emanate, this school has destroyed the confidence of many of the other school (the optimists) in remedies invaluable but proven so by experience alone, and they unconsciously prescribe the remedies of empiric origin half-heartedly and with corresponding success.

Not only is their culpability found in their obstructive and destructive effects but likewise in their constructive. These super-scientists who cannot tolerate the least breath of empiricism, faith or unanalyzed experience, have done more than any other single or combined cause to fill the ranks of the direct antithesis of their creed—the Christian Scientists and their correlated offshoots and copyists. It is needless to itemize the many other illicit profit takers of medical misanthropy.

While this school comprises many eminent educators, it is largely constructed of gab, or pen-gifted pseudos, who view this school as the en route to the faculty and fame, and of fledgeling medicos who recently left a hospital and welcome therapeutic nihilism as they know nothing about therapeutics.

MORAL—If it is right for one school of medicine to refuse to consult with another, *why isn't it infinitely more right for a real physician to refuse to consult with a nihilopathist?*

Chorea predisposes to epilepsy and epilepsy to chorea, the former being the most frequent condition. It has been stated that patients suffering from severe forms of chorea will transmit a neurotic taint to their children, which will result in epilepsy in the next generation; or that chorea in the child may follow epilepsy in the previous generation; or a neurotic taint in the parent may result in chorea in one child and epilepsy in another. In a very few cases both chorea and epilepsy have been discovered in the same child.

GELSEMIUM IN LA GRIPPE

Gelsemium.—"The typical gelsemium fever, however, comes in that condition which we call, correctly or incorrectly, but certainly with great frequency, 'grippe.' That catarrhal fever which steals upon you with chilliness and vertigo, perhaps a little sore throat; which makes you too tired to breathe; you feel sleepy but you can't sleep, for every muscle feels as though it had been pounded.

Your face is hot and your nose runs but your back is chilly and you feel miserable. Your mouth is dry but you don't want to drink; you want to be let alone. You know the condition—If you have never tried gelsemium for this before, give it the next time you get a chance. Give a drop or two of the tincture every hour if you can't get relief with less, and I think you will not be disappointed."—*The Clinique*.

THE DIAGNOSIS OF APPENDICITIS

Following up an experience of operating in more than 2,000 cases Dr. J. B. Murphy is reported, as saying: "The symptoms of acute appendicitis are in my experience in the order of their occurrence: 1. Pain in the abdomen, sudden and severe. 2. Followed by nausea or vomiting. 3. General abdominal sensitiveness. 4. Elevation of the temperature, beginning from two to twenty-four hours after the onset of pain. These symptoms occur almost without exception in the above order, and *when that order varies I always question the diagnosis.*" Concerning elevated temperature he says, in acute appendicitis it must always be present; it never precedes the pain. In 2,000 cases it was present in the early stage.—*Med. Summary*.

THE TREATMENT OF TOOTHACHE

A shamefully large number of physicians still relieve toothache by extracting the tooth. It is easier to extract than to spend time in giving medicine or advice. The average layman does not know how great is the value of a tooth and how hard it is to properly replace it when gone. The following for-

mula will relieve any toothache which will succumb to medicines:

R	Creosote	10.00
	Chloroform.....	10.00
	Oil of cloves.....	10.00
	Camphor	7.00
	Phenol	2.00

Apply.—*Med. Summary.*

A DIET LIST IN ALBUMINURIA

In the treatment of albuminuria, where the urine has a low specific gravity, the following diet list has been arranged by this editor for his patients, and has been found to give satisfactory results.

Must Not Eat:	May Eat:
Pies	Fish
Pastry	Poultry
Spices	Raw Eggs
Rich Food	Eggs Rare, Cooked
Greasy Food	Juicy Rare Beef
Fats	Custards
Butter	Bread
Sugar	Fruit, if no Diarrhea
Potatoes	Skimmed Milk
Rice	Tomatoes
Corn	Apple Sauce
Beans	Buckwheat
Corn Starch	

Drink no liquors nor wines, eat one kind of meat only once each day, cooked without grease or fats, preferably rare broiled beef. Drink skimmed milk as near to the exclusion of all other drinks as possible.

In one case where the specific gravity was only 10.08, where this diet was rigidly adhered to, the change was so marked that in six months it was necessary to reverse the treatment and diet for a short time, as the specific gravity increased to 10.32, the urine containing large quantities of urates and uric acid.

A REMEDY FOR ALBUMINURIA

Early in the past year Dr. Farquhar of Newark, Ohio, asked the readers of this journal for their experiences in the use of *rubus odoratus*, the rose flowering raspberry. He had seen two cases of albuminuria treated with it, successfully. One of these was a case *anasarca*, and the other was a case where the urine was loaded with al-

bumin. He was anxious to know more of the remedy especially if there were cases of albuminuria which it would cure.

We certainly need no single remedy more than this. If this influence is exercised by it I have not been able to obtain many facts concerning it, but it is possible that others have used it with good results. I sincerely hope that some one who has used this remedy will reply to this request. The remedy is not mentioned in the U. S. P. I find no reference made to it in Foster's Encyclopedic dictionary.

SYMPHORICARPUS

Symphoricarpus belongs to the genus of caprifoliaceous shrubs which grow in the southern portion of the United States, but little is said about their medicinal properties by writers on medicine. A homeopathic writer for many years used a tincture of the *symphoricarpus racemosus*, with remarkable success in the vomiting of pregnancy, and in all gastric derangements dependent upon ovarian or uterine irritation. Another writer found that it gave prompt relief where there was an unsettled condition of the stomach with nausea at the menstrual epoch. If any reader knows of the action of this remedy he should immediately report it because we are greatly in need of specific remedies for the above conditions.

In the treatment of albuminuria a trial should be made of the bromide of strontium; theoretically it should favorably impress cases of parenchymatous nephritis occurring in conjunction with rheumatism or gout. It should benefit the nephritis of pregnancy, but I should give it in these cases in conjunction with *gelsemium* and *macrotys* with some counter irritation.

Two grains of *ergotin* given in pill form, three or four times a day, will materially assist in reducing the size of uterine fibroids provided these are within the structure of the womb and are not simply sub-peritoneal. I have combined *ergotine* with *hydrastin* and *nux vomica* with most excellent results in these cases.

Books

THE EXPLOITS OF A PHYSICIAN DETECTIVE. By George F. Butler, M. D., Professor of Therapeutics in the Chicago College of Medicine and Surgery. Published by the Clinic Publishing Company, Chicago.

I have taken great pleasure in reading this interesting book of Dr. Butler's. The stories all contain an ingenious plot and there is sufficient variety in the style and character of the stories. The method is the same as that involved in other detective tales. The peculiarity of the book lies in the power the principal character, Dr. Furnivall, has of hypnotising the individual whom he finally decides by adroit process of reasoning, is the guilty party and thus causing him or her to lay bare in the straightest possible manner the whole truth whatever relation the truth sustains to the accusers. In some of these stories it is especially interesting to follow the process by which the complainant is involved in the crime when he had no thought that his connection with it could ever be brought out. In the stories of Conan Doyle there is extreme interest in following the processes by which Sherlock Holmes ultimately develops the proofs that incriminate the guilty party. We rather lose this pleasure in this book by the apparent ease with which the hypnotising causes the guilty party to disclose the truth.

The Abbott Alkaloidal Company have issued a very handsome little pamphlet entitled "Helpful Hints to the Busy Doctor." It contains very many practical facts. While the work is an announcement of their products and a fair showing of their progress in the business, it is a monograph that will be found of much benefit to every reader.

Five grains of sulphite of soda, three or four times a day, where the tongue is broad and pale, and covered with a yellowish white coat, will cure severe headache.

ARSENITE OF COPPER

The arsenite of copper as a remedy for diarrhea is reliable and satisfactory when properly indicated and is in quite common use. This agent, however, must be given for its own specific indications. That form of diarrhea in which it exercises its specific influence is that in which there is excessive thirst and excessive watery discharges from the stomach and bowels; the skin is soft and doughy, the pulse feeble and frequent and the skin and extremities cool or cold. This form of diarrhea will yield very quickly to this remedy. It makes no difference whether it is present as cholera infantum, cholera morbus, winter cholera, or other forms of epidemic diarrhea, or whether the diarrhea may be chronic in character with these indications. From the one-fiftieth to the one one-hundredth of a grain dissolved in a half a glass of water, a teaspoonful given every ten, twenty or thirty minutes, is the proper sized dose.

But little has been written recently concerning the medicinal action of barium chloride. Bartholow recommended it for uterine disease where there was congestion and hemorrhage. In one case of abdominal aneurism in a woman of 65, one-fifth of a grain was given three times a day and gradually increased to two-fifths. This was continued for five months with steady and satisfactory reduction of the tumor. One-twelfth of a grain is about the average dose.

Twenty-five years ago, German authorities were enthusiastic in the treatment of cancer by the internal use of the tincture of cantharides. It was prepared in the wine of camphor with mucilage of gum arabic and given in small doses carefully increased. A number of cases were reported cured at that time, but I have seen little reference to it in later years.

WANTED:—A Location. One in Southern Kansas, in Southwestern Missouri, in Oklahoma or Arkansas preferred.

Address

Drug Store, Lost Springs, Kansas

Ellingwood's Therapist

A MONTHLY JOURNAL OF DIRECT THERAPEUTICS

VOL. III

FEBRUARY 15, 1909

No. 2

Leading Articles

THE TREATMENT OF VARICOSE VEINS AND ULCERS

W. S. ROYCE, M. D., Chicago, Illinois.

I trust you will pardon me for attempting to interest you in a subject so common and ancient, but the following reasons I hope will partially justify me in the attempt:

First: The great number of sufferers. Second: Many of them incapacitated from earning a living. Many more who are partially disabled and not able to fill positions in their chosen vocations, and many who, while filling positions, do so only by suffering great physical pain. Third: The unsatisfactory results from the usually recognized proper methods of treatment, and the amount of work and trouble in their application.

Those who have had dispensary experience, can well recall the washing, and salving, and powdering and dressing of these so-called old leg cases, who go around from one dispensary to another, dreaded by and almost considered a nuisance by all, until they become disgusted with themselves, finally giving up to the idea that they are incurable.

A large majority, as you know, of these cases, are among the middle and so-called lower classes—people who are obliged to labor hard and spend much of their time upon their feet, and when finally the condition gets bad enough, become inmates

of our charitable institutions, a burden on the community and to themselves. If we have a method of treatment which will cure these patients with no loss of time and without suffering, it must prove a boon and well worthy of adoption.

I will not take your time by discussing etiology and pathology, subjects so well known to you all. With your permission I will demonstrate a treatment which I have used exclusively for about seven years in clinic, dispensary and private practice, which has given such splendid results that I think I am justified in believing it the best.

The formula for this dressing is as follows:

Oxide of zinc	4 parts
Sheet gelatin	4 parts
Glycerin	10 parts
Water	10 parts

Dissolve the gelatin in the water, add the glycerin and stir in the oxide of zinc, all being heated in a water bath. You will find it easily prepared. The above formula is, no doubt, familiar, being that of Unna's Paste.

First we will suppose a simple varicose condition of the leg without ulcers. We will put the patient on a table in a reclining position with the foot elevated, the heel resting on a support. We will now scrub

the leg with green soap and hot water, then wash off with alcohol and wipe dry. By this time the veins will be somewhat emptied and reduced in calibre, though for the first dressing it is preferable, and this applies nicely in private practice, to have your patient remain in bed till you call from the night before, elevating the leg during waking hours, then you will have the leg in the best possible condition.

Now, having melted your dressing, with a brush (a flat one about two inches wide is suitable) apply it evenly over the foot and ankle, have the dressing as hot as can be comfortably borne; with gauze bandages about two inches wide, commence at the ball of the foot to apply after coming back about half way over the instep, always cutting off the bandage and starting again, never reversing; take a few strips of the bandage and apply around the heel and ankle. Your knowledge of bandaging will suggest how to do this nicely, but the bandage must never be reversed, but cut and started anew, as the dressing will hold each piece nicely in place, applying more dressing as needed.

Now, having the foot and ankle nicely covered, apply the dressing to the leg and continue the bandage, but as the lower edge begins to leave the upper edge of the turn of the bandage below, cut and start again. In this way you will have a nice smooth dressing from the ball of the foot to the knee. Examine, and if any irregularities in the contour of leg appear carry a strip of bandage around, breaking joints, as we might say. Apply the dressing over all lightly, and apply the bandage smoothly as you would in the regular way, not tightly. This outer bandage can be changed every few days as the patient wishes, for cleanliness. Such a dressing, when there are no ulcers, should be left on one or two weeks or a month or more after, depending on the condition of the leg. When there has been much swelling, and the condition improves, as it surely will, and the dressing in consequence is loose, a new one should be applied.

When we have ulcers to treat, the following plan is to be employed: First, clean the ulcer, curetting when necessary. If ulcers are very foul, I have found the application of a wet dressing for 24 to 48 hours of a solution of picric acid, 30 grains to the pint, an excellent plan. Now prepare the leg as in the simple varicose condition. Dress the ulcer as follows: Apply the dressing right up to the edge of ulcer, then apply a dry powder to the ulcer very liberally.

I have used several different dry dressings, but after long experience I have proved conclusively that these ulcers will heal faster and better under Campho Phenique Powder than any other. Lay over the ulcer about six thicknesses of gauze, let it be, say, for an ulcer two inches across, six inches. Proceed with your bandages and dressing over all, as in the former condition. When first applied, the above powder produces some pain, but before you will have your dressing applied this will cease, not to return.

The dressing on the ulcerated leg may be left on for ten days and when removed you will be surprised at the amount of healing which has taken place. I remember quite well one case: a woman who came to my clinic with an ulcer about one inch by two inches, which was dressed as above, and instructed to come back in ten days. She did not return for about six weeks. In answer to the question why she did not return, as directed, she said it felt so good she did not want to. On taking off the dressing we found that the ulcer was entirely healed.

The following are, in my opinion, the reasons why this treatment is superior:

First: The soothing effect of the dressing, the glycerin de-hydrates the tissues, the oxide of zinc exerts a soothing effect; the whole giving firm, yet elastic and equable support. We know that the blood vessels have resilience, which, if aided, will enable them to resume near their normal caliber.

Second: The small number of dressings required and the long intervals which elapse between them.

Third: Absolutely no loss of time to the patient.

Fourth: The permanency of the cure.

Fifth: Comparison with some other forms of treatment.

Elastic stockings are taken off at night and not after the patient is in a reclining position, and often not put on in the morning until the patient is in an upright position, allowing the veins to dilate more or less at least twice every twenty-four hours, which absolutely prevents a cure. The same may be said of any form of frequent dressings.

This dressing is always put on first after the leg has been elevated, and vessels have acquired their near normal caliber, and always put on subsequently after taking off the previous dressings before the patient is allowed to assume a standing position. In some cases the veins have become tortuous, hard and tube-like, but still the edema subsides and the dressing will exert firm, equable pressure and gradually there will be much improvement. The tissues become firm by massage of the dressing and will furnish a support for the vessels.

Something should be said of operative treatment—Schades operation, re-section of veins, etc. I will say that results are, in most cases, unsatisfactory, and this judgment is based on actual observation of results. Having examined all patients at the county agent's office, prospective candidates for Dunning, for seven years, I have seen many cases on which operations have been done who were in a worse condition than before. Quoting cases would be taking too much of your time, but I could cite many instances of cure. One lady, weighing 250 pounds, I now have in mind, with a large ulcer on the left leg, inner aspect, lower third; ulcer in size 2 by 4 inches, which had been open for seven years, was cured by five dressings in three months. Woman ran a saloon, lived upstairs, tended bar much of the day, and never lost a day during the treatment. Histories of many cases could be given, but this will suffice to illustrate what can be

accomplished. Gauze bandages should be used. The dressing will keep indefinitely and only needs to be heated by a water bath at the time of using.

COMMENT.—The above method suggested by Prof. Royce appeals to me as exceedingly reasonable and practical. He has given a very clear presentation of the method of applying the dressing and I trust that our readers will give it careful consideration and a thorough practical test and will report through the pages of this journal. These conditions are often exasperating as well to the physician as to the patient. Our best known methods are often unsuccessful, as it is always difficult to carry out any definite method of practice successfully that demands the attention of the patient or frequent dressings by the physician.

"I know not where His Islands lift
Their fronded palms in air,
I only know I cannot drift
Beyond His love and care."

TREATMENT OF PNEUMONIA—WHAT TO AVOID AND WHAT TO DO

The time of the year has arrived when pneumonia in its severest form and in fact in every form, is usually prevalent. An article on the treatment of this disease is therefore timely.

While the most of our readers are familiar with the simple curative methods which our teachers have advocated for fifty years, many of our readers have not had the advantage of this treatment and of this teaching, but have had the disadvantage of being brought into contact either with those who do not believe that medicine will cure pneumonia, or with those who have followed the dictum of the long past, and have treated it with severe and persistently stimulating measures.

Concerning the character of the various theories advanced by popular writers concerning this disease, I will quote a few paragraphs from my work on "The Treatment of Disease," on this subject.

"The severe measures of the past, the antiphlogistic and stimulant course of treatment, have resulted invariably in a high mortality. A method of treatment which has produced the most satisfactory results is based upon the fact that the disease is rapidly devitalizing and will admit of no

harsh measures, but demands the utmost skill in nourishing and sustaining the patient, without unduly stimulating the nervous system or the heart.

"There are certain theories and measures yet adopted by the profession at large in the treatment of this disease which have been handed down for many years past, but which are not proven by statistics to have been of great benefit.

"The first proposition is that *fever is not harmful*, but may prove beneficial. This is advocated by a number of writers. No greater fallacy than this was ever enunciated, and only harm can result from its acceptance. One of our writers referring to this statement tersely says, "I would think it as reasonable to tell a man when his house was on fire that the fire was a conservative element, that it was a thorough disinfectant, and would rid his house of vermin, as to tell him, when his wife was suffering from the effects of the high temperature of acute pneumonia, that the fever was a conservative element, a beneficial factor of the disease, that it was favoring tissue metabolism and aiding in the destruction of the specific poison."

"The second fallacy is that *the theory of the microbic origin* of the disease must have first attention in the treatment by the adoption of an antiseptic course, to the exclusion of other measures. It is our experience that antiseptics are not beneficial in this disease, until in the course of its advancement, there is apparent breaking down of tissue and threatened sepsis, announced by the appearance of those phenomena which are characterized as typhoid. They should be used, also, when evidences of abscess appear in the later stages of the disease, but they must not be depended upon for the amelioration of the total processes.

"A third fallacy is that *local or general depletion* is of permanent benefit. The common sense of the profession at large has long since discarded blood letting although an occasional writer will yet advocate it. It is not suggested or adopted

by the busy, practical, rational, family physician. It is difficult for the profession to rid itself of the idea that an active physic at the onset of the treatment is necessary with which to thoroughly "sweep out" the intestinal canal.

"With us, a simple laxative, if constipation be present, or a thorough colonic flush is all that is necessary. Disorders of the stomach and pre-existing diarrheas must receive attention, as they will interfere with the nourishing of the patient, will reduce his strength, and encourage the progress of the disease.

"Another fallacy is *the adoption of persistent stimulation* from the onset of the disease. Nothing can be more erroneous than that the heart must be stimulated from the first against possible failure later on. We advocate sustaining the strength of the patient, but we give no heart stimulant whatever until there are evidences of approaching heart weakness. Nerve stimulants are avoided because they increase nerve irritation and the temperature.

In all the cases that I have observed where strychnine and quinine were given indiscriminately in the early stage of this disease, I have been confident that the temperature has been increased, a high temperature sustained, the nerve tension exaggerated and a condition of general nervous excitability induced.

"This results in an aggravation of all the symptoms and antagonizes the action of specific remedies. Delirium often follows also, and we have laid it down as one of our basic principles that as long as delirium is present we are unable to obtain the satisfactory influence of our remedies. These must be directed to the delirium after the cause has been removed.

"Still another fallacy is that *the use of cold applications to the chest* in antagonizing the advance of this disease, is a rational procedure. The influence of cold upon the capillaries produces congestion, and, if persisted in, blood stasis. It induces within the capillaries the exact pathological condition that the causes of any acute inflam-

mation induce. While it primarily produces contraction of the capillaries, secondarily the blood current is slowed and the passage of the corpuscles through the minute capillaries is greatly impeded.

"It adds no force or power by which the venous capillaries can empty themselves, while the force of the circulation is continually filling the arterial capillaries. The highly essential metabolism, the throwing off of tissue waste is at once retarded, inhibited, or made impossible by the action of cold. A certain amount of excess of heat is abstracted, but the fuel is piled up on the smouldering fire for ultimately greatly increased combustion.

"On the other hand, heat applied and persisted in, over the entire diseased area, is a most potent and physiological antagonist to the essential conditions which are directly induced by the causes of the disease, from which all ultimate pathologic results must develop. It is profoundly stimulating, and while local heat from undue combustion is present, the applied heat stimulates the capillaries and physiologically unloads the venous capillaries.

"At the same time, it stimulates the arterial capillaries through its influence upon the peripheries of the nerves, and secondly upon the nerve centers, to drive the accumulating tide through the engorged vessels, thus unloading them into the veins. It thus carries off the accumulating waste, brings into the capillaries a new tissue supply and quickly restores the harm that has been done them in the primary congestion. It is a most rational procedure. It is logical, it is reasonable, it is physiological, and it is highly scientific. And such a course is always acceptable. We advise the application of heat at once, and that it be persisted in as long as benefit is apparent from the abatement of the symptoms. It cannot possibly do harm.

"Finally *the opium fallacy* must have some attention. The first influence of this remedy in small doses is that of a stimulant, but this influence is so transient that it must not be relied upon. The ultimate

result of the influence of opium and morphine upon the capillaries, when given to control the pain in pneumonia, is much the same as that induced by the causes of the disease and by cold. It also paralyzes the nerve endings, as well as induces inactivity of the nerve centers. It slows the capillary circulation, inducing, as is well known, venous stasis, and thus contributes to the local hyperemia.

It in no way facilitates normal tissue metabolism, nor the unloading of the morbid matter, but it greatly retards excretion, while it masks or holds in abeyance the evidences of the disease, and encourages the advancement of the disease processes. If it is used to subdue the pain, at any time, it should be used in small doses, carefully repeated, and its deleterious influence upon the capillaries should be directly antagonized by heat and belladonna."

I have been confident in the past that patients to whom I had been called late, ultimately succumbed to pneumonia because of the use of this remedy. It is especially contraindicated in conjunction with cold. A careful study of rational specific measures will teach the immediate reduction of pain without opium.

That there is a possibility of the jugulation, the complete abortion, of this disease at its onset *is no longer a question of doubt*. It has been accomplished sufficiently often, under favorable circumstances, to establish it as a certainty. The cases in which this is possible are the sthenic cases, and those in which there has been no previous disease, and where the case has occurred abruptly with the well-known typical acute development, both in its pathology and symptomatology.

If seen during the onset of the disease, within perhaps 12 hours after the occurrence of the initial chill and fever, the patient should quietly, without effort on his own part or excitement, be given a hot sitz bath for about twenty minutes, with the chest and body well covered, or he should have a most thorough hot foot bath, into which strong mustard has been stirred.

A deep wooden pail or foot bath tub, or wide, deep jar should be used, so that the legs, nearly or quite to the knees, may be immersed, and retained for 20 to 30 minutes, until they are very red, but not blistered with the mustard. During this time, the patient being thoroughly wrapped in blankets, may at first take from ten to fifteen minims of jaborandi in a teacupful of hot water, or he may drink a hot infusion of asclepias, or in the absence of these, a bowl of hot ginger tea, made by adding a dram of the tincture of ginger to a pint of hot water.

The foot bath ended, the patient should be quietly put into a warm bed. The diseased area should be covered with libradol, or with antiphlogistine. A rubber water bag containing a half pint of hot water, all air excluded, should be laid over this dressing. If libradol be used it should be removed at the expiration of six, eight or ten hours if it induces nausea. If the patient should become nauseated early, it should be immediately removed. If there is no nausea it may with either of the other dressings remain undisturbed for twenty-four hours, with the external heat persistently applied. If perspiration be induced, this may be continued mildly for two or three hours.

Other remedies will be indicated, and they may be administered as suggested further on. This prompt course or a similar one will occasionally abate the inflammatory process within forty-eight hours, with no further development, and no results of the disease action except weakness, from which, with the proper tonics, the patient will speedily recover. I have also succeeded in jugulating the disease in abrupt cases with veratrum. The patient should be kept in his room for perhaps a week, with an equable temperature and a moist atmosphere. Great care should be exercised in going out, as the patient will be very susceptible, and liable to a return of the disease, for an entire season.

In instituting the rational treatment of the disease, when an attempt is unsuccessful,

the closest attention should be paid to every evidence of the disease, and the specific indications must be met with precision and exactness. The physician must determine most carefully the exact pathological factors as they develop, recognizing them promptly and meeting them with positiveness and assurance.

The treatment must be conducted rationally; the action of the remedies directed in strict physiological lines. Everything must be done with confidence, but without haste, excitement or confusion. The patient must be kept tranquil and quiet, and should be disturbed as little as possible, and talking on his part should be prohibited entirely. Nothing whatever advised should induce pain or nervous irritation, nor should it in the least weaken the patient or lessen even temporarily his vital force.

Two factors in this condition must have our first attention. These are the initial capillary congestion within the pulmonary parenchyma, in the diseased area, and the temperature. If in the onset the disease is of the congestive type, as will be determined from the symptoms which we have named, the skin cool and respiration somewhat difficult, the indications demand *belladonna* and prompt external heat, applied over the entire chest.

If profound congestion be present the patient should be put into a hot bath, or wrapped in a blanket wrung out of water at a temperature of from 85° to 95° F., and this covered with dry blankets and retained for perhaps an hour or until the chill has passed. In this type of the disease veratrum exercises a most satisfactory influence, but the indications are those of *belladonna*, and the two remedies may be given conjointly or alternately. The skin is cool and the extremities cold, the face is dusky or dark in color and has a cold, blue look, the breathing is labored and slowly increasing in rapidity and the patient is dull and listless, the eyes dull and the pupils somewhat dilated.

The pulse is large, full, soft and compressible, and probably not above 100 per

minute. The temperature is above 102.5° F., and rapidly rising. With these indications veratrum should be given in minim doses every hour in markedly sthenic cases, until the pulse is reduced to seventy beats per minute. It should be given then in half minim doses until the pulse reaches 60 or 55, unless vomiting occurs, when it should be stopped.

It should be then withheld for a few doses in order to determine whether the temperature will continue to decline or will increase. If the reduction is not sufficient, it may be given in small doses through the first two days, after which time it is seldom indicated.

It is common practice to give *veratrum* alone when the indications are typical, as those just named, but ten minims of specific belladonna in four ounces of water, given in dram doses every hour, will intensify its action. This agent is a most positive and direct physiological antagonist to the essential factors involved in the initial congestion and the pathological elements which succeed it in order, in the progress of the development of the disease.

It is an active stimulant to the capillary circulation, increasing to a marked degree capillary action, driving the blood out of the venous capillaries, and stimulating the activity of the arterioles, thus quickly unloading the congestion. It equalizes the circulation through its uniform influence upon the entire capillary system. It acts in perfect harmony with other special sedatives, although not in itself a sedative to the fever processes.

In the usual development of this disease, while the congestion is developing in the pulmonary structures, there is the initial chill, with temperature rapidly increasing, with flushed face, dry, hot skin, and rapid respiration, the pulse is hard, sharp and rather small, and usually quite quick, beating perhaps from 100 to 110 per minute, in adults, and perhaps 140 per minute in children.

Belladonna should be given in small doses in this stage, but aconite should be given also for its influence upon the fever.

This agent is antagonistic to the congestive processes to a degree, and thus acts in perfect harmony with belladonna. It promotes tone and power in the arterial capillaries, it retards exudation, hepatization, suppuration and adhesion, more certainly antagonizing the inflammatory processes than any other purely sedative remedy; it also hastens resolution and promotes absorption of the inflammatory products.

From three to five drops of specific *aconite* in four ounces of water given in dram doses every hour, or to children in half dram doses every half hour, is sufficiently active dosage. With the exception of veratrum, in the sthenic cases we do not advise any remedy in sufficiently active dosage to in any way depress the system or reduce the actual power of the heart.

The influence of aconite in slowing the heart and reducing the temperature is exercised in a manner much superior to that of actual depression. It inhibits the action of the heat centers, relaxes the sudoriferous glands and yet stimulates them to an increased activity, thus promoting the radiation and dissipation of the heat. It antagonizes also the local processes of heat generation in the inflamed area. Its restraining influence on increased heart action is kindly and not depressant. It may be given alone in this disease in small doses frequently repeated, and may be continued as long as the temperature remains high, and with very best of results. No evidences of depression will appear from its use.

Another remedy of prime importance in pneumonia, is *bryonia*. With this remedy alone, the author is confident that very many uncomplicated cases will be greatly abridged in course and severity without other medication. The agent is physiologically adapted to the underlying pathological processes. It controls the fever processes and those conditions which are involved in the evolution of the disease. It is continued throughout the course of the disease, whether the patient be feeble or not, if the following indications are present: Pain in the diseased area, which is aggrava-

ted by motion; elevated temperature, with a hard, frequent, vibratile pulse, with deficient bronchial secretion. The cough, if present, is dry, short, harsh and hacking, and the local soreness is increased by coughing. The pain and soreness are relieved by lying on the inflamed side; the face is flushed, and the cheek on the affected side has a central, bright red, circumscribed spot.

All prescribers who have had experience with this remedy are enthusiastic concerning its influence in antagonizing the inflammation. It acts similarly to and in some ways superior to aconite.

It is specific in its influence upon the pain. Although this influence is not as immediate as opium, it is in line with the physiological influence of the agent in abating the processes of the disease; in retarding exudation, hepatization, suppuration and adhesion, and in promoting the removal of the inflammatory products, especially preventing serous effusion.

There is an essentially harmonious action between this remedy and aconite. In all acute diseases of the thoracic viscera both should be given, as has been stated, in very small doses, which should be frequently repeated. This statement is reiterated because of its exceeding importance.

Another essential remedy is ipecac. This remedy soothes irritability in the lung structure and in the bronchial tubes with positiveness. It should not be given in sufficient dosage to induce even the least nauseating influence. From two to six minims of the specific medicine in four ounces of water, in dram doses, every hour or two hours, will allay the pain, soothe an irritating cough, remove distress and assist the other indicated remedies in promoting resolution. It is equally efficient when the bronchial tubes are involved. When resolution has occurred and hepatization remains, subsequent to the decline of the fever, this remedy may be administered to adults in much larger dosage. It has been the author's habit, after the fever has abated during the earlier stage of convales-

cence, to combine it with the quinine bisulphate, one-fourth of a grain of powdered ipecac to two grains of the quinine salt. When the general nervous force is weakened, one-fourth of a grain of the extract of *nux vomica* may be added to this in a capsule and the whole given every three hours.

The remedies named above comprise the essential ones in the treatment of this disease. There are, however, others whose indications will be found present. Among these are *asclepias* for persistent, acute, sharp, cutting pleuritic pain, especially if the skin be dry, and *sticta* when there is sharp, quick pain under the shoulder blade, which may extend to the back of the neck. The indications for *rhus tox* are often present. *Cactus* will sustain the heart without stimulating or irritating it. *Gelsemium* is needed when there is nervous excitement with cerebral irritation. *Digitalis* and *strychnin* will occasionally have a place after the disease has run its course in a severe form. *Echinacea* will seldom be prescribed except as typhoid symptoms may appear. Each physician selects the remedies within the classes named which he has found preferable, but all, who follow in the main the above suggestions, have eminent success in the treatment of pneumonia.

How good is man's life, the mere living! how fit
to employ
All the heart and the soul and the senses forever
in joy.—*Browning*.

In the deepest night of trouble and sorrow God gives us so much to be thankful for that we need never cease our singing. With all our wisdom and foresight we can take a lesson in gladness and gratitude from the happy bird that sings all night, as if the day were not long enough to tell its joy.
—*Coleridge*.

His ability to cure disease is the best test of a man's efficiency in the medical profession. The practical fact—the correct bedside observation—is of more value than the ultra scientific.

Equal parts of glycerine and lime water applied to the skin in simple cases of local or general pruritis will relieve the itching.

OBSTRUCTION OF THE BOWELS*

F. L. WILMETH, M. D., LINCOLN, NEB.

I presented to the Nebraska State Medical Society one year ago a case of obstruction of the bowels. I read before this National Association an article on the same subject at its meeting in Saratoga, N. Y., and I desire to renew the subject at the present session and in this section that I may add my later experience with such cases. This case in question was referred to me by Dr. Spealman, of Lincoln, Neb., who assisted me in the operative treatment and subsequent care as well as the secondary operation of the case. The conditions necessitating the performance of an operation to produce an artificial anus and the drainage of the appendicular ring were mentioned. The final operation consisted of the closing of the artificial anus which was done before that society in its May session of last year.

As I desire to present a case of almost identical character this present year, I decided to give my experience on this subject covering a chronology of twenty-one cases with the etiology, the pathology, the general management and treatment of some of these cases as nearly correct as it can be given. I say as nearly correct, because in these cases covering a variety of causes in their production, only a few of which were operated upon, or upon which were autopsies held and consequently the etiology and pathology was not exactly known and could only be theoretically attributed to certain causes.

Various causes have acted in the production of the different forms of obstruction, as well as incomplete obstruction or impaction of fecal matter which, in some instances, arises without apparent cause or from unknown causes. Obstruction of the bowels is defined as being any impediment to the normal passage of fecal matter in this canal and may be either partial or complete. From this definition, which you will see at once is indefinite, arises a variety of

cases with various causes, the principal ones of which, naming in the order of their frequency, are inflammation, inflammatory impact, and adhesions which may have arisen either from trauma or other inflammatory causes and which narrows the lumen of the intestine. Tumors of the intestinal wall, either of the serous, muscular, or mucous coats, tumors or surrounding structures which press upon and lessen the opening of the intestine, displacement of any of the viscera of the abdomen, intussusception, volculus, or diseases of various kinds of the intestinal tract, which by thickening the walls or distortion of the shape of the intestines would interfere with peristalsis or the passage of the intestinal contents. The most frequent of these causes in my experience has been inflammation of various forms of one or another part of the intestinal tract. The most frequent site of this inflammation has been that of the appendix, or the perityphlitic area, and as to the causes of fecal impaction constitutes the most frequent form of obstruction. Pathologists are agreed at this time that whenever impaction occurs an existing or pre-existing inflammation of the area containing or causing the impaction is present. In an apparently insignificant area of inflammation which results in resolution and yet resulting in destruction of an appreciable area being repaired by a formation of fibrous tissue will act sometimes to obstruct sufficiently to cause an impaction, and yet may only be an infiltration area, an inflammatory thickening and yet sufficient to arrest peristalsis and which may, with more or less trouble, be removed by the usual application of prolonged colonic irrigation and internal medication.

You will note that I have not taken into consideration paralysis of the intestinal tract, neither have I considered circulatory disturbances, or those causes which secondarily bring about obstruction, namely, embolism, or thrombosis of the mesenteric artery, which secondarily cause obstruction by causing gangrene, but have confined myself to those cases rising within or ad-

*Reprinted from the Transactions of the National Association.

jacent to the intestinal tract and mechanical causes of obstruction alone as nearly as may be in those cases which have come under my observation. The symptoms of obstruction are those with which you are probably all familiar, yet I would caution you in regard to the making of a diagnosis of obstruction where the symptoms were those of incomplete obstruction and might only be those of constipation due to diet or habit.

The usual means for relief of constipation are those which will assist in the diagnosis of an impaction or obstruction, the lack of success of those usual means, and will indicate some form of either mechanical obstruction or visceral inflammation. The cause, when inflammatory, is not always easily recognized, either because inflammation of the peritoneum or inflammation of other parts is not always attended with rise of body temperature to any great extent, or any great tenderness over the part involved, and for this reason catarrhal inflammation localized, is, in my opinion, more frequently the cause of obstruction and does not give decided external local signs of its presence.

You can readily see that successive attacks of mild inflammation result in the production of fibrous tissue and the tendency of these tissues is to contract, which will lessen the lumen of the intestine gradually so that incomplete obstruction which may be followed by complete obstruction, or not, would be easily explained by a habit of diet or exercise, or as arising from some other cause and would be diagnosed as constipation.

I will not attempt to give you a complete classification of the cases which I have met, but will give you a part of them for the purpose of illustrating some ideas on the subject.

Case No. 1.—This case occurred a number of years ago, and I question now my ability at that time to weigh carefully the etiological factors. The symptoms of this case, however, were those of obstinate constipation with considerable tympanites or meteorism, a slight nausea, then vomiting,

pain first dull, then sharp and cramplike, persisting for forty-eight hours, the constipation or obstruction remaining for seventy-two hours. Upon using colonic irrigation freely and persistently for this length of time, the bowels moved freely. The character of the fecal matter indicated an impaction. Two years later, this patient was operated upon for intussusception. One year later he died from obstruction of the bowels.

Case No. 2.—Mr. S., probably thirty or thirty-two years of age, was troubled with recurring attacks of increasing obstinate constipation. At the time I saw him first he was slightly tympanitic in the upper abdominal region, vomited persistently, suffered considerable dull, heavy pain in the region of the gall bladder, the temperature was from 97 to 100. This condition continued with very little amelioration or aggravation of the symptoms for eleven days. The treatment I have described above was persisted in at intervals not to produce severe pain or undue exhaustion. After the period of time specified above the bowels moved freely and the patient made a very satisfactory recovery from this attack. During this time food was given in small quantities by mouth, in liquid form, and in larger quantities by enemata. This patient has had two later attacks since that time of more severe character and more brief duration. This case was the typical case theoretically described as having been produced by a slight attack of inflammation which resulted in complete, or almost complete resolution of the inflamed area without the production of fibrous tissue and yet interfered with the peristalsis.

Case No. 3.—Mrs. B. I was called to operate and found the patient almost in collapse. Almost constant eructations from the stomach, which came forcibly, of a liquid character and of a fecal odor. I operated at once with the assistance of the local physician, and the daughter of the patient, completing the operation in twenty-one minutes, and finding that intestinal adhesions to a ventral scar, produced by a

previous operation for ovariectomy, were the etiological factors in this instance. The patient died two hours after the operation from exhaustion, after the bowels had moved freely and naturally. This was a case in which all the indications for earlier operative interference were present, and I have no doubt that had this patient had proper care, in reasonable time, she would have been alive today, in so far as this trouble is concerned.

Case No. 4.—Volvulus. This was a case involving one of the usual forms of obstruction. Patient died during the first twenty-four hours after the operation, from exhaustion.

Case No. 5.—Dr. W. An impaction of fecal matter above the sigmoid flexure. Removed the impaction by the rectum. Did not recur. Cause not known.

Case No. 6.—Mrs. B. Obstruction of the bowels without any sign of inflammation or any indications of a mechanical character. She refused to be operated upon and died the fourth day of the obstruction. The usual treatment was instituted, locally and internally. Nothing is known about the pathology as I was not permitted to make a post-mortem examination.

Case No. 7.—M. H. Obstruction of the bowels accompanied by retention of urine. Enormously distended bladder. The cause of obstruction in this case was probably the pressure of the distended bladder. Retention was occasioned by enlargement of the prostate. A suprapubic cystotomy relieved the retention and also relieved the obstruction of the bowels. This man was seventy-two years of age. He has had no recurrence, of which I am aware, of any of the symptoms.

Case No. 8.—Mrs. B. Was called to operate four days after the occurrence of the obstruction. Found intestinal adhesions very extensive in character, in the right inguinal region. Did not attempt to cover all surfaces with peritoneum. Filled the abdomen with normal salt solution. Patient made a very quick and satisfactory recovery. Five years later no recurrence.

Case No. 9.—Mrs. G. Obstruction following recent hysterectomy. Attempted to operate, discovered a volvulus. The condition was easily corrected, but the patient died.

Case No. 10.—Mrs. S. Obstruction due to appendicitis, with perforation and abscess. Performed an artificial anus and drained the pus cavity. Patient died from infection.

Case No. 11.—Mrs. A. Obstruction due to inflammation of the appendix. Operated at the hospital on the fifth day. Found suppurative appendicitis. Drained the abscess and later drained the intestines. After a prolonged illness the patient made a complete recovery.

Case No. 12.—Identical with Case No. 11. Patient made an uneventful recovery.

Case No. 13.—Mrs. D. Was called in as counsel. Found the usual indications of complete obstruction. Refused to operate. Patient died a few hours later.

Case No. 14.—A child three months of age. Was called in counsel and arrived just after the death of the child. The history was one of persistent intestinal indigestion, with frequent attacks of obstinate constipation. Autopsy revealed tumor of the inner coat of the small intestine, almost sufficient to occlude the lumen of the intestine.

Case No. 15.—Occurred from strangulated femoral hernia. The intestines were drained, washed out and a Murphy button inserted. Patient died thirty-six hours later. I had advised an operation eight days before in this case when strangulation was acute.

The case that I presented to the Nebraska Society one year ago was incidentally referred to as one having been referred to me by Dr. Spealman, and was very obscure in its origin. The doctor reported it to me two or three days before I saw it, saying that he had a case of obstruction of the bowels, and asked my advice. He stated that his diagnosis was very obscure with relation to the cause and it might depend on very different conditions. He informed me that he had made a very careful examination and could find no evidences leading to certain causes

except that the patient had had a light attack of appendicitis some eight months before. Later in the day he reported to me that the obstruction had been overcome and that his patient was resting easy and he thought would have no further trouble.

A day or two later I was asked by him to go and see the patient with him, and found the patient sitting up in a chair, sweating somewhat profusely, tympanitic over the upper portions of the abdomen, with dullness extending over the right side, right inguinal region and extending to the median line and almost up to the liver on the right side. The temperature was slightly above normal and might readily be accounted for by existing auto-infection. The pulse was quick and rapid and the patient sweating at intervals. No pain whatever and very little tenderness.

I immediately made a diagnosis of abscess and that the obstruction probably arose from inflammation of the appendix. The patient was taken to the hospital, and was operated upon the following morning. An enormous quantity of pus was drained out, the intestine was found to be greatly distended, as in previous cases of a similar character. This was lifted up into the incision, stitched fast to the skin and incised. Drainage tubes were inserted into the pus cavity toward the left and right inguinal regions and the right hypochondrium. Normal salt was used subcutaneously with bovine. This method of nourishment was continued for some time. The strength of the patient improved gradually, when something like two months later, we performed the final operation by closing the artificial anus. This was accomplished by the simple insertion of Lembert sutures. Two weeks from that time he was working on the street driving his team and, at present, is working for a transfer company, lifting heavy burdens and enjoying apparently the best of health and strength.

The latter case, which I desired to present to the Nebraska Association this year, I was prevented from doing so by finding a superficial abscess the day before the time

set for the operation, which necessitated further delay. This case was operated upon since that time, making an uneventful and rapid recovery. The only difference in these two cases being that the latter case was a man of 56 years of age and enjoying otherwise the best of health and strength. The conditions found in this case were identical with those in the other, and as to technique, I found practically the same as in the former, and as in other previous cases of the same character.

The lesson which I deduce from these experiences leads me to the consideration of the temperature, the pain, the vomiting, and the character of the vomit, the food, the meteorism, the consideration of the proper treatment, local, medical, and surgical. The temperature is variable, not to be depended upon for diagnostic purposes unless taken into consideration with other existing symptoms or conditions. If of an active inflammatory character, you will expect to find the temperature varying from 100° to 104° F. It may or may not be accompanied by rigors. If the inflammation is of a subacute variety it may be overshadowed entirely by the mechanical obstruction present and not occur until the latter stages of the disease have developed necrosis of tissue, or later inflammation, to that degree to occasion it; and even then, necrosis and the formation of pus, perforation and collapse, may occur without an appreciable rise in the temperature. The pain in some instances is acute, in other instances similar to intestinal indigestion; yet others similar to bilious colic, and in some may be differentiated from these conditions named and in other instances the difference is very slight and can not be so differentiated. The only discomfort the patient will complain of in some instances will be general weakness and those symptoms due to pressure, which is, in turn, due to tympanites. This, of itself, becomes a dangerous factor by causing pressure upon the thoracic viscera, causing circulatory disturbances and interference with the proper aeration of the blood; to overcome

this pressure aspiration of the intestines with a small trocar or hypodermic needle will frequently relieve it for a time; this is a very distressing and, in some instances, very dangerous complication. The nausea and vomiting is in some cases persistent and its persistency indicates the completeness of the obstruction. The meteorism indicates the location of the obstruction. The lower the point of obstruction is, the greater the degree of tympanites.

Being unable to make a diagnosis of the mechanical obstruction, I would be governed by the following indications: Where the temperature was not high, where the depression was not great, where the oppression is not severe, where the pain is not severe and persistent and the patient is able to take a reasonable amount of food, a reasonable amount of rest is obtained without necessitating the administration of an opiate, where the meteorism is not increasing in quantity or area, where the vomiting is not persistent and does not have the fecal odor and is not greatly depressing, I would continue the colonic irrigation, the administration of liquid food subcutaneously, and await more certain signs of complete obstruction, or the subsidence of the symptoms of obstruction entirely.

When certain of complete obstruction, when persistent vomiting is present, increasing in frequency with sudden rise in temperature, or a sudden fall of the temperature, with severe, sharp, lancinating pains, or complete cessation of pain, when the meteorism increases in quantity or area, I would insist on immediate interference.

Again, when there have been frequent attacks of obstinate constipation so-called, or where from some unknown cause the bowels acted persistently in this manner and did not respond to the proper medical, hygienic and dietetic treatment, I would advise an exploratory incision to ascertain the existence, or non-existence and location of mechanical cause. And in operating for these causes, the drainage system has been more successful in my hands than that of any other method I have used. In my

opinion, drainage is the key-note to success, and the auxiliary treatment afforded in these cases which we have presented to you today, we believe to be more uniformly successful than that of any other with which I am familiar.

An operation for the relief of an abscess is insufficient, unless proper drainage of the small intestine has been provided for. This may be easily, readily and safely accomplished by producing an artificial anus which may be left for sufficient time to enable the patient to recuperate in vitality and the suppurative and inflammatory processes to have disappeared, when secondary operations may be done readily and safely. Concerning nutrition I would like to say another word, because I think it will be of benefit. I never claim originality for anything, but I want to tell you of my use of food by the subcutaneous method. The preparation in use is bovine, a preparation of beef blood. I know if you will try it subcutaneously you will never quit it. The first time I used it was in a case where nourishment was needed. You know the time you can give nourishment is not always the time the patient wants it. I have been using this method eight years, and I am convinced that I could not well get along without it. If I can not give anything by the stomach, I give it subcutaneously, and then do not think anything more about nourishment for the next eighteen hours. I use one to two ounces every twelve to twenty-four hours. One ounce of this preparation is equal to the amount of beef juice you would get from two pounds of beefsteak, and you know if you could get a patient six, or eight, or twelve hours after an operation to take this, it would avoid the necessity for heart stimulant and putting food into the stomach. There is absolutely no danger in using it. Sometimes I have observed that bovine will cause the formation of abscesses under the skin, but these are so trivial that I would advise that this agent be used without hesitancy when needed for they would absolutely do no possible harm.

CHLOROFORM ANESTHESIA

M. F. BETTENCOURT, M. D., GLADEWATER,
TEXAS

Chloroform anesthesia is a delicate procedure and yet not a great per cent of those who are called upon to administer it have sufficient knowledge of its application to administer it with confidence in themselves, and a reasonable degree of safety to the patient. That we should know positively when our patient is under full anesthesia and ready for operation, when he has reached the danger line or passed beyond it, and other important questions, is essential.

Chloroform is the general anesthetic most frequently used in private practice, and yet as a rule very little instruction is given upon its administration at college. How often is the student ordered to administer the potent drug for the first time, when about all the knowledge he has of it is, that it is dangerous and he must be careful. This was at least the state in which I found myself when I began my internship; and, though I had tried to be observant, yet I felt forcibly the lack of knowledge which I considered essential in handling the drug. How often does this feeling still exist even after the diploma has been placed in its owner's hands and license to practice has been issued him. One must never consider himself so adept in administering the agent, but what he may meet trouble even when using the utmost care. In the following statements, however, I shall endeavor to give a few general suggestions, which those who are situated as I was, whether in college or out of it, may find of some value.

In the first place the patient should be properly prepared. If possible give him a good saline cathartic ten or twelve hours before the operation and follow this with a copious soap-suds enema two to five hours before the anesthetic is to be administered. During the ten or twelve hours preceding the operation, allow only liquid food, and even this must be stopped three or four hours before administration of the anesthetic in order to avoid, as much as possible,

the vomiting of anything that might pass into the air passage and cause trouble.

While it is always customary to examine the lungs, kidneys and heart, before beginning anesthesia, in the case in which chloroform is used it is the heart which must receive special attention, since this agent is a cardiac depressant even though it does not irritate the lungs or kidneys as ether is apt to do. The patient's fears should be quieted and his confidence gained.

The hypodermic syringe loaded with a thirtieth of a grain of strychnia, or possibly better still with strychnia a thirtieth and atropia a hundredth of a grain, should always be at hand.

A good inhaler should be used and preferably use a grooved cork in the anesthetic bottle. This will be easier handled. Have a pair of tongue forceps and some clean towels where they can be had at any moment.

Choose a light room, for light plays an important part in determining the stage of anesthesia in which the patient is at any time.

Always have a small pillow under the patient's head, or preferably under the neck; for, if placed under the head it only throws the chin forward, thereby impeding the respiration, especially when the stage of muscular relaxation is reached. If placed under the neck this is avoided.

Anoint well the parts directly exposed to the chloroform vapor—lips, chin, nostrils, nose and eyelids—and advise the patient to close the eyes to avoid the vapor irritating them, or place a towel over them.

Loosen all the clothing and especially that about the neck and chest, which may be laid bare, the better to observe the respiration, but keep the body warm, remembering that one under the influence of an anesthetic is more susceptible to the extremes of temperature than when in a conscious state.

Begin the administration of the anesthetic by dropping a few drops on the inhaler and gradually nearing it to the patient's face until it is placed over the nose and mouth. Slowly drop the chloroform on the inhaler

(with the bottle down close to it and dropping it around on the top of the inhaler rather than on one spot only) and encourage the patient to breathe deeply. Never put on enough chloroform to strangle the patient, for he will then lose confidence in the anesthetist, or it may be the means of inducing shock. One should always remember that five per cent of chloroform is as much as the patient should have at any time. The patient can be easier "put to sleep" by having him count upward slowly. Let him say: "One, two, three" (then a deep breath); "four, five, six" (another deep breath), etc., until he is unable to count any more. This concentrates his thought and keeps him from worrying so much about himself.

When the patient reaches the stage of excitement do not hold him forcibly and thus try to compel him to remain still, but rather handle him gently as if you were his friend and induce him to remain quiet by words rather than by force. In this stage it will be advisable to push the anesthetic a little more. Vomiting will seldom occur if the chloroform is *given steadily and gradually increased*. Do not pour it on the inhaler one minute and be compelled to remove it entirely the next. It is never necessary to pour the chloroform on the inhaler. It should be administered continuously in drops and only in sufficient quantity to keep the patient under full anesthesia.

It is very bad policy to allow the patient to pass alternately from profound anesthesia to a state of semi-consciousness. The ordinary operation should not require more than from one-half to one ounce of chloroform. If vomiting does occur lay the head to the side, remove the phlegm from the throat and push the anesthetic steadily until the stage is passed.

The first stage in anesthesia is that known as "incomplete anesthesia." This is known by the *dilated* pupil which *reacts to light*, and the corneal or conjunctival reflex. In this stage the pulse may be rapid and the respiration somewhat irregular. This, however, is the result of the efforts at vomiting

or of the nervous state of the patient. This is usually followed by a stage of excitement during which the patient struggles to remove the inhaler or seizes at imaginary objects and usually talks or sings.

Following the stage of excitement is that of a moderate anesthesia, which however is not the stage for operation. Here we find a *contracted* pupil which *reacts* to light, and in which the *corneal* or conjunctival reflex is *lost*. The muscular system is relaxed and the pulse and respiration regular.

Following this stage is that of full anesthesia, which is the operative stage. This will be known by a *contracted* pupil which *does not react* to light. The *corneal* or conjunctival reflex is *lost*, the pulse is of good character and of about the normal number of beats, while the breathing is usually deep and regular. If the patient is pushed beyond this there is danger which is proportionate to the extent the anesthesia is carried beyond this stage. This will be known by the *dilated* pupil which does not react to light. There is of course loss of corneal reflex, muscular relaxation, feeble irregular pulse and deep stertorous breathing or shallow, irregular respiration. When this occurs it means too much of the anesthetic. Remove the inhaler, use the hypodermic if necessary, and pull the tongue forward with tongue forceps. I have found that by inserting the thumb of the right hand into the patient's mouth and behind the lower teeth, then pulling forward the lower jaw with it, the same can be accomplished as with the tongue forcep and all the fumbling to get hold of the tongue and the lingual inflammation which is liable to result, is avoided.

Sometimes one can hardly tell whether the patient is breathing at all, especially after prolonged anesthesia. The most simple and satisfactory way I have found is to hold the fingers palm side close to the nostrils and thus "feel" the breath as it is exhaled. This will be found far superior to "listening" for the breath with the ear close to patient. Should the breathing cease it is sometimes readily restored by

pressing the finger tips of each hand into the sides of the chest just beneath the axillæ and sawing up and down across the ribs with force. In fact I have seen this succeed when it seemed that nothing else would do. Slapping the bare chest with a towel wrung out of cold water may do the work, or artificial respiration will have to be used.

During the entire time that the anesthetic is being administered the anesthetist must keep a close watch on the pulse that trouble may be avoided in time.

The great thirst which usually follows anesthesia can as a rule be greatly modified by encouraging the patient to drink freely of water for some time previous to the administration of the anesthetic.

For the vomiting that frequently occurs after operation, inhalation of vinegar from a towel with lowering of the head (using no pillow) and raising the foot of the bed, will usually suffice. If these fail, a sinapism or the application of a little chloroform on the palm of the hand, over the stomach, with sips of hot water, or the chewing of small bits of ice, should be tried.

The administration of chloroform is made much easier when used in combination with the hypodermic hyoscine-morphine-cactin anesthetic. One would hardly care to give chloroform alone when he sees how well the two act together when directions are followed. The heart action is much better, it takes much less chloroform; vomiting seldom occurs, and the patient sleeps during the time when pains are most severe. Whenever there is a spasmodic tendency, however, this hypodermic anesthetic will almost invariably bring on the spasmodic seizure about the time the face begins to flush.

In fine, to give the anesthetic with reasonable safety, one must be sure in his own mind that he knows what he is doing, he must give the patient entrusted to his care his undivided attention, and then be extremely careful.

The first wealth is health.—Emerson.

THE DOCTOR'S HUMANITARIANISM

Did it ever occur to you, that of all professional men the medical man stands alone in his profession in advising and determining those methods which work directly against his own interests, but which positively benefit humanity. A prevalence of malaria or of yellow fever in his locality are a source of immense revenue to the physician, as well as all other epidemic or infectious diseases, but at the present time the entire profession is a unit in determining not only specific measures with which to successfully antagonize these diseases, but are rapidly approaching a means by which they will ultimately be annihilated.

As recently as within the recollection of the writer pockmarked people were very numerous in every neighborhood, and in public hospitals it was not uncommon to refuse to engage nurses who had not had smallpox. Now smallpox is an unknown disease to the majority of the profession, as there are hundreds of active practising physicians who have never seen a virulent case.

The physician feels it his duty to preach cleanliness, virtue and temperance, well knowing that if their advice was followed strictly, their occupation, like that of Othello, would be gone. True it is, that in our profession are the most generous, the most self-sacrificing, the most charitable of men, and with the benefits now obtained from exact scientific methods these traits of the physician are bound to react for the good of humanity, but it will be many decades before the carrying out of the physician's suggestions will perceptibly abridge his business. There is too much of the natural man in every individual, too much willingness to follow innate inclinations.

I do the very best I know how, the very best I can; and I mean to keep doing so until the end. If the end brings me out all right, what is said against me won't amount to anything. If the end brings me out wrong, ten angels swearing I was right would make no difference.

—Abraham Lincoln.

Brief Contributed Articles

CALENDULA AS A SURGICAL DRESSING

S. T. VON MARTINETZ, M. D., A. M., CEDAR
RAPIDS, IOWA

I desire to add my testimony to the action of calendula in the treatment of severe lacerated wounds. At one time, when in a distant city, I was called to see a young man, who had had a very severe injury to the elbow joint from being caught in a thrashing machine. All the usual antiseptics had been tried by the physicians in attendance. Suppuration had set in, in spite of the treatment, and the pain was extreme. The attending physicians demanded an immediate amputation. The father insisted on my seeing what could be done, by conservative methods.

I made a lotion of calendula, and instructed that it be kept applied by means of wet dressing, for from 12 to 18 hours. If there was no benefit at that time, the attending physicians were to proceed with their amputation. But to the delight of all concerned the benefit was so pronounced, when the dressings were removed the next day, that they desired to continue the treatment. I prepared then a quantity of the lotion, and advised them as to its continued use.

I left the town on that day, but I learned subsequently that the cure was a very satisfactory one, with the exception that the joint was stiff from adhesions. Later, he fell on the stiff arm, breaking up the adhesions by accident, and at the suggestion of his physician he kept up motion in the arm, until almost the entire normal action was restored.

At another time I was consulted for a young lady who had been thrown from a cart in a runaway, and had been dragged a long distance, on the shoulder and arm. The shoulder had the skin and deeper tissues torn away so that the joint was bare and there was laceration on the side of the body, beneath the axilla, leaving the axillary artery bare and in plain view.

This wound was thoroughly cleansed, and was kept dressed with calendula for a number of weeks, and notwithstanding its extreme severity, the restoration of the torn and lacerated parts was very satisfactory. It was especially noticeable that the skin which formed over the denuded surface to the extent of at least twelve square inches, was very natural, and there was but little scar tissue, and no deformity.

My last case is that of a young man whose hand was lacerated in a leather cutting machine. The skin was torn from each finger, from the tips to the palm, so that the hand resembled that of a skeleton. I washed the fingers with the calendula solution, and made a persistent application of this dressing. The hand was redressed daily, healing took place slowly, but all the fingers were movable to a degree, the scars interfering with the movement only to a limited extent. He is now an attorney and makes no complaint about the hand, which would probably have been amputated, but for this treatment.

I generally use this remedy in the proportion of one ounce of the tincture to a pint of water, but I prefer the single remedy in surgical cases to any mixtures, though I often give internal treatment as a tonic or restorative.

I use this remedy also in burns, but in these cases I combine it with a small proportion of arnica, and with powdered alum. In the treatment of simple forms of sore eyes, I use calendula in very weak solution and the results are the very best.

THE INDICATED REMEDY, AND THAT ONLY

S. W. MORELAND, M. D.

It is our practice, as Eclectics, to treat conditions, not names. I was called a few days ago, to see an aged lady, who the night previous had had a severe chill. This was followed by fever, and a severe pain in the right side of the chest. The pain would cut off each inspiration. The pulse was feeble and rapid and sharp. The pupils were dilated, the patient was dull

and inclined to sleep. This latter condition indicated belladonna, and the character of the pulse indicated aconite.

I applied libradol over the seat of the pain, and gave the above remedies in small doses, as indicated, every hour. Relief was pronounced in a short time, and the patient made an immediate recovery. I did not wait to see whether this was simply a case of pleurisy, or an incipient case of pneumonia, but treated with positiveness the first appearing indications, which I was more interested in relieving, than I was in classifying and naming the disease.

During the past six months I have had a number of cases in which pain was the prominent symptom. In some of these cases, whatever the underlying difficulty, there was a flushed face, bright eyes, and contracted pupils. This positively indicated gelsemium, which I gave in proper doses, with prompt relief from pain in each case. In some of the cases I gave as much as fifteen drops at a dose, repeated in half an hour. While gelsemium is not classed as a general pain-relieving remedy, it is as prompt as morphine, and much more satisfactory, *when the specific indications are present.*

I believe in giving it in large doses, if necessary. A number of years ago I used one ounce of the specific medicine in twelve hours, by hypodermic injection, for a severe case of puerperal convulsions, with the best of results.

I would like some of the readers of this journal, who have had sufficient experience, to tell us just when to use antitoxin, bearing in mind that the existing conditions must be treated, not only the fact that the bacillus of diphtheria is present. I do not believe that all patients need exactly the same treatment any more in this disease than in others.

The various kinds of energy which are developed from heat are not more real, nor more powerful, than the actual working force which is developed in the world from love in the inner life of man.

—Henry Van Dyke.

ELECAMPANE

JOHN FEARN, M. D., OAKLAND, CAL.

This old remedy, so far as its use is concerned, seems in many quarters to be a "has been." But so far as its ability to help the sick and its real therapeutic properties are concerned it is just as good today as it was forty years ago when I first became acquainted with it. If it only grew in Timbucto and could be obtained nowhere else Doctors would be willing to pay a big price for it.

It has been in use for very many years in domestic practice. Thompson Beach and the early botanists used it successfully. They used it in coughs, colds and respiratory affections generally. Let me point the way to a more extensive use of it.

The specific indications for its use are cough of a persistent character, with profuse secretion and catarrhal discharges.

Therapy: Inula or elecampane is a good remedy and one that generally agrees well with the system. It may well be called a mucous membrane remedy; and wherever we have profluvia from any of the mucous surfaces, such as bronchial, gastric intestinal, renal, or the female organs of generation, we can use this remedy with much advantage. Its medicinal properties are aromatic, stimulant, and tonic. Its gentle stimulant and tonic properties exercised on the mucous surfaces of the different tracts, tend to improve their condition so that catarrhal discharges are overcome. It has been found very useful in bronchorrhea, in humid asthma, in catarrhal troubles of the renal tract and in leucorrhoea. And while it is doing this local work it is improving the general tonic conditions of the body. It is a good remedy in night sweats. Helenin, the active principle, is said to have a fatal action on the tubercle bacillus. Certainly I should prefer it to the serum of pig's blood.

Physicians who can gather the fresh root may find great service for decoctions or syrup. Decoctions can be given in doses of from one to two ounces. Dose of syrup dr. ij to dr. iv.

The specific medicine inula can be given in some bland vehicle in doses of from 5 to 40 drops.

A good prescription in chronic troubles is specific medicine inula oz. i, glycerin, oz. i, aqua to ozs. iv. M. Sig. one dram every two or three hours.

BUBOS.—TONSILLITIS.—HYSTERIA

JOHN B. EATON, M. D.

I have been treating bubos for some time past, with echinacea alone, and I am better pleased with this treatment than with any I have ever previously adopted. I use it both internally and externally with gratifying results. However, I have occasionally discharged the pus with a small incision and irrigated the cavity with peroxide of hydrogen. Healing ensues without a scar.

In the treatment of tonsillitis I have succeeded in getting excellent results from veratrum, if I am called before suppuration begins. I keep the tonsils swabbed with the full strength tincture, and give the indicated remedies, which always includes phytolacca internally. I prescribe a mild laxative for the bowels.

In those cases of nervous disorders with hysterical phenomena, especially if there be present irritation of the reproductive organs, I use macrotys, pulsatilla or ignatia, one or all as seem to be indicated. One patient, Mrs. P., had been for eight years a sufferer, treated by several physicians. She had been sent to the country for a number of months, during the hot weather but returned in the fall to the city suffering worse than before. At the time I was called she had fallen to the floor, while attempting to get breakfast. Her attending physician being absent, I was called. I found the indications for the above combination. In addition I prescribed passiflora for sleeplessness. After three months the improvement was pronounced and she ultimately made a complete recovery. Now, after two years, there has been no return of the symptoms. She recommended another patient to me, in a similar condition, who was as satisfactorily cured.

I want to speak a good word for the H-M-C tablets. I use them in my obstetric cases. They are especially helpful when the patient is very nervous. I cannot say that the infant escapes the effect, but I have had no harmful results, either to the mother or to the child, and labor has progressed just as rapidly and as satisfactorily, as when I did not give this aid.

BERBERIS AQUIFOLIUM

T. JENSEN, M. D., SPRING GROVE, MINN.

Very little, comparatively considered, is said about berberis in our literature. The remedy surely deserves more study and research than it has hitherto had. For the last five years, I have used it quite extensively in various blood dyscrasias, and I have found it very reliable. In fact, I trust to its virtues often, more than to other measures.

I had a case of goitre which yielded to its internal use, and the tincture of iodine compound, externally. It took three months before the goitre vanished.

I had a case of chronic ulcer of the tibia and fibula not long ago, which did not yield to my usual treatment. I prescribed the following:

R

Specific berberis aquifolium. ozs. 2

Tr. aurantii oz. 1

Syrup ozs. 2

Aqua, q. s. to make ozs. 8

I directed the patient to take a teaspoonful four times a day.

Externally, I used a saturated solution of boric acid on absorbent cotton on the legs. I saw an improvement in two weeks. The above treatment was continued for two months. The result was a complete cure.

I lately had a case of carbuncle; a boy of eighteen had several crops of boils on his neck. When one crop was suppurating, another crop was forming, and so it continued in succession. I treated him with calcium sulphide for a long time, but there was no improvement. Finally a large car-

buncle appeared on the neck, fully as large as a hen's egg. I made a crucial incision and applied pure carbolic acid to the wound and other dressing as needed, and internally I prescribed the following.

R

Specific berberis aquifolia...ozs. 3

Tr. aurantii oz. 1

Aqua to make ozs. 8

Directed him to take one teaspoonful four times a day. The lad is still using the berberis, but there are no more carbuncles, and I have directed him to use the above for three months yet.

In berberis aquifolium we certainly have an alterative of great merit, but the medical profession is not yet aware of it. My experiences with its virtues is very limited, but in those few cases in which I have used it, it has not disappointed me. I should like to try it in syphilis, but I have no opportunity to do so. Our population are mostly Scandinavians in this part of the country, and as a rule are very chaste. I do not think I have met more than two or three cases of acquired syphilis during thirty-five years of practice. I have met with quite a number of so-called inherited cases, but as a rule they generally get well by a course of mercury and potassium iodide. In speaking of inherited syphilis, it brings into my mind old Prof. Howes' lecture on this subject. He quoted Exodus, 20th chapter, 5th verse, which read as follows: "I, the Lord thy God, am a jealous God, visiting the iniquity of the fathers upon the children unto the third and fourth generation of them that hate me." The above quotation with Prof. Howes I believe is applicable to hereditary syphilis. I earnestly wish that some of my professional brothers who are so fortunate as to have syphilitic cases to handle, would try berberis.

ANTHEMIS NOBILIS

F. W. HOWLAND, M. D., ADRIAN, MICH.

Anthemis nobilis, *matricaria* or chamomile, as it is commonly called, is perhaps one of the oldest herbs used in medicine. If you will ask some old German nurse if she ever used it, almost invariably she will answer: "Certainly I have, my mother taught me to use it and my grandmother used to use it, too, and I could not get along without it when I am taking care of babies."

Quite true the answer the old nurse has given. I think it is one of our most valuable remedies, when indicated, and one that has been greatly neglected of late years. We have tried to make ourselves think there were other and newer remedies better or just as good, which I think is not true.

During the past summer, it has been my lot to have under my care a number of babies from three or four weeks old, to as many years old. They all, without a single exception, had been under treatment for some time, under some other physician, who did not seem to be able to benefit the little ones, no matter how hard they had tried. A number of these babies were bottle fed, and those that were not, it was not because the mother's milk was not of good quality and quantity or that the bottles used for the bottle-fed babies were not properly cleaned, or the food carefully prepared. All of this had been done under the physician's direction.

Yes, I hear someone say, it is merely a matter of trying different kinds of food until you find one that agrees. What nonsense! Get the baby in its normal condition, and most any of the recognized foods if properly prepared will agree.

These babies, without exception, were nervous, irritable, crying seemingly without any cause. There was a debilitated condition of the gastro-intestinal tract, the stools were more often green and contained undigested food, there was a granular appearance to it as if made up of little particles or granules. More or less flatulence was present, some indication of slight colic pains usually just before the bowels

Content to live, this is my stay,
I seek no more than may suffice;
I presse to heare no haughtie sawy;
Look what I lacke my mind supplies.
Loe, thus I triumph like a king,
Content with what my mind doth bring.
—Ben Jonson.

moved. In most cases a little temperature, from one-half to one degree, was present.

Vomiting, sometimes sour, at other times sweet, just as the food was taken into the stomach. Their little faces were thin and pale, eyes sunken, skin somewhat dark under them, neck thin and sunken in front of the sterno-cleido-mastoid muscle. The tongue, if the vomit was sour, was coated white and rather pointed. If not sour, the tongue was about normal color, but rather broad and thick. Most of these babies seemed better satisfied if they were in their mother's arms, which very often was a detriment to the child, as it made the bowel condition worse.

Treatment: The treatment invariably, with the above indications, pointed to anthesis, usually about twenty drops to one-half dram in four ounces of water. If the stomach was a little sour, I put in the above mixture one-half to one ounce of the neutralizing cordial. If the tongue was broad and pallid I used two to three drops of *nux vomica* instead of the neutralizing cordial. If any other remedies were indicated according to specific indications, I put these in a separate glass of water and alternated with the above. Of the above mixture, I give a dose of one-half teaspoonful every half hour, or one, two or three hours, according to the case.

In some of these cases, I found use for *echinacea* or *baptisia*, according to their indications.

As I said in the beginning, anthesis is an old remedy, but perhaps it will be new to some of the readers of this journal.

PUERPERAL ECLAMPSIA

R. M. JERNIGAN, M. D.

On the evening of January 4, I was called to attend a woman, aged 17, primipara, in confinement. She had been in labor four or five hours. I found conditions apparently normal, but the pains slow and ineffective. As there was no increase of the pains, within a couple of hours, and the patient was quite nervous, I gave her five grains of quinine, and after thirty minutes

I gave her the sixtieth of a grain of strychnine, hypodermically. Then, waiting another thirty minutes, I gave her five grains more of quinine.

The pains soon began to increase, both in strength and rapidity, and in about an hour from the time I gave the last dose of quinine, the child was born and the placenta delivered without any trouble. The nervous symptoms had apparently entirely subsided. I gave the patient 30 minims of ergot and left her.

I had just retired, when a telephone message came, announcing that the woman was in convulsions. In about forty minutes I was with her again, and immediately gave her hypodermically thirty minims of specific veratrum. Almost immediately there was muscular relaxation, the nervous irritability subsided, within an hour she had regained consciousness, and there has been no further trouble.

I desire to ask whether the stimulants, which I gave previous to delivery to increase the pains, were in any way responsible for the nervous symptoms that followed. I am a young man only in the second year of my practice, and desire to have the experience of others. I believe positively in specific medication.

COMMENT.—The probabilities are, there was albumen in this patient's urine, and uremic poisoning. While it is more than likely that the convulsion might have occurred anyhow, one of the old physicians would have sat down quietly and waited a few hours, to see if the pains would not have increased naturally, without help, as the patient had been only three or four hours in labor.

The trend in the teaching in college at the present time in obstetrics, I believe, is too much towards early interference. Every physician must learn early to distinguish between normal and abnormal conditions. Normal conditions must be let alone. Abnormal conditions must receive judicious and discreet attention. Interference with normal conditions is never justifiable. In an experience of a little less than two thousand cases, I could pick out many cases that would prove the position above stated, and would illustrate, forcibly, that with proper previous care, care during the last two or three months, normal conditions are altogether the rule and abnormal conditions are present in a very small minority.

I vow to despise every calamity which does not affect the objects of my existence, and I swear to preserve myself in eternal youth.—*Schleiermacher*.

A CASE OF CANCER OF THE THROAT AND HOW I TREATED IT

BY ELI G. JONES, M. D., BURLINGTON, N. J.

Cancer in different parts of the body has an anatomical structure peculiar to itself. To treat the disease intelligently and successfully we must be able to adapt our remedies to the diseased condition we find existing in any part of the body. The case under consideration came to me for treatment in 1891; it had been diagnosed as cancer of the throat by three doctors before I saw the case. The patient was of middle age, a lady, with no hereditary taint of cancer. The cancer involved the throat and the roof of the mouth; there was no swelling of the glands of the throat. Tongue coated, dirty white color, bad breath, very little appetite, general debility, difficulty of swallowing, especially solid food. The case had been given up as incurable. I told her I thought that I could cure her.

I began treatment of the case by applying lactic acid to all the diseased surface every other day; also to use a gargle and mouth wash of:

R

Fl. ex. pinus canadensis (white) ozs. ii
Fluid hydrastis ozs. iii
Borax drs. ii
Glycerine ozs. ii
Aqua, q. s. ozs. viii

Mix. Sig. Gargle the throat and rinse out the mouth every two hours. Internally:

R

Sulphite soda dr. i
Aqua ozs. vi

Mix. Sig. Teaspoonful once every three hours to clean off the tongue.

R

Phytolacca oz. ss
Simple syrup, q. s. ozs. viii

Mix. Sig. Teaspoonful before meals and at bedtime. The above remedy was the remedy I depended upon for the constitutional treatment. In ten days the patient's throat and mouth looked better, and she could swallow better. The lady was under my treatment about three months, then discharged, cured. As there has been no

return of the disease in seventeen years we may conclude that it is a permanent cure.

—*Eclectic Review.*

COMMENT.—So general has been the belief in the past that cancer in any location is incurable, that no treatment is used with sufficient thoroughness and persistency to accomplish any result. In many cases the diagnosis of cancer can well be questioned, but thoroughness in treatment is always justifiable. There are hundreds of cases on record where persistency in the use of some rational and simple method like the above has resulted in a cure. Thorough treatment is always justifiable, and neglect because of doubt as to the outcome is in no way excusable.

ECLAMPSIA

L. R. ABBOTT, M. D., ONTARIO, WIS.

In the morning of October 30 last, I was called to see a woman who was having a convulsion. The paroxysms had occurred with but few premonitory symptoms. The husband informed me that it was about time for confinement. An examination revealed no evidences of approaching labor. The uterus and parts were in a normal condition. No pain had occurred.

As I finished the examination another convulsion came on, which lasted perhaps ten minutes. I gave the patient a hypodermic injection of thirty-five or forty drops of specific veratrum. In ten minutes I gave ten drops more and in half an hour I repeated that dose. I then prescribed gelsemium and veratrum, of each one-half dram in three ounces of water, and gave a teaspoonful every half hour. There were no more convulsions, and about four o'clock in the afternoon labor began, and when the pains were well developed I gave chloroform with care and dilatation having advanced sufficiently, I applied the forceps and delivered. Both the mother and child made a good recovery. An analysis of urine showed it to be loaded with albumen. There was edema of the eyelids, and also of the feet and lower limbs, which pointed directly to the nature of the attack. I have no idea the veratrum will control all of these cases, but I believe that it should be given in sufficient doses, and in severe cases in heroic doses, without fear.

Therapeutic Facts

Treatment of Whooping Cough

I have learned that an attack of whooping-cough can be mitigated and its course shortened by the internal administration of either belladonna, ammonium bromide, or solanum, *and* by the use of nasal douches. Better and more satisfactory results will be obtained when *both* means are employed—that is, when the medicine is given internally *and* the douche is used.

It is not necessary to combine the remedies—nothing is gained by that. Each has its own characteristic and will do the work without any other.

For the douche I use either a weak solution of boric acid or a solution of glycothymoline—the latter preferred. Make a solution of one part of glycothymoline to six parts of sterile water, and use it freely twice daily, and always use it warm. A spray will not give the results a douche will and the douche can be quickly given even to an infant. An attack of whooping-cough thus treated need not run more than four weeks. Try it.

J. S. NIEDERKORN, M. D.

Oil of Sassafras—Viburnum Opulus

A patient suffering from hemorrhoids complained that one large one apparently inclined to be gangrenous, felt like a dead mass within the rectum. I prescribed oil of sassafras, to be taken in increasing doses from two to twenty drops. The peculiar sensation of deadness gradually passed away, a line of demarcation was set up, and the gangrenous mass was thrown off and healing occurred promptly and satisfactorily. I have found in a long experience that the oil of sassafras has an active influence against gangrene. In the early stage it restores the circulation, promoting a normal condition. In the later stage, it

promotes separation and a healthy healing of the restored part.

In typhoid fever I give this agent in conjunction with echinacea. The latter acts as a powerful alterative, and assists in the elimination of morbid products, while the former promotes recuperation and convalescence. I have learned from long use that the oil of sassafras will ease pain in a decaying malodorous tooth, after other remedies have failed. It has a very decided antiseptic influence.

I have not obtained much benefit from the use of viburnum opulus in the treatment of dysmenorrhea. If it is of any benefit, it is when it is first used. After protracted use it loses its influence.

To produce a cure of severe prolapsus uteri, I have only succeeded in those cases where the patient becomes pregnant after confinement. I insist upon the patient remaining in bed in an extreme horizontal position, for at least six weeks. She may lie on the side or in any position that is pleasant, but must rigidly retain the horizontal position. After the lochial discharge has ceased, I prescribe hydrastis with white ash, and later I give iron and arsenic.

GEORGE HARE, M. D.

The Tissue Remedies for Foreign Growths

I would like to report a case in which I obtained remarkable results with the tissue remedies.

An aged gentleman, Mr. H., 74 years old, developed an ugly looking tumor, of the nature of a fungus growth, on his forehead, over the left eye, supposed to have its origin from the prick of a hedgethorn. After trying various local applications with negative results, I concluded that constitutional treatment was necessary to bring about the desired result; accordingly, I put him on the following: Silica 6x and kali sulph. 6x combined, a small powder three times daily. For local treatment, I applied thuja ointment, adding a little calcarea phos. 3x, to be applied on cotton continually, and in one week's time I noticed a

decided improvement. I continued the treatment, which completed a cure in about three weeks.

I believe there is a law of affinity that governs the action of any and every physiological remedy upon the system, upon some tissue or functional organ in the body, and that physicians must recognize the law and apply it in practice to get positive results.

C. O. COURTRIGHT, M. D.

I have read with interest in the December number the article concerning Dr. Keating's use of *passiflora* in the sleeplessness of tuberculosis. For the past ten years I have used this remedy for the same purpose, and it has not failed me in any case. But I use all the way from half of a dram to a dram at a dose, as I think is needed.

I consider *passiflora* the safest of the hypnotic remedies I have access to in any case where such a remedy is needed. In cases of confirmed alcoholics I have used as much as two drams at a dose, in water. It induces sleep, with no bad after effects. I think such a dose, in ordinary cases, would be too large.

U. G. VANCE, M. D.

Libradol in Appendicitis

I was recently called to prescribe for a case of appendicitis which had been correctly diagnosed by the attending physician, who claimed that an immediate operation was the only course advisable. There was acute pain and a considerable circumscribed swelling, with vomiting. The tenderness was extreme. The patient was very restless and anxious. Before my arrival the physician had applied an ice bag.

I suggested the removal of the ice bag and that libradol be applied very freely over the tender area and kept hot. This was done at five o'clock p. m. At eight o'clock the pain and vomiting had ceased; by morning the inflammation had abated and the swelling had subsided. I advised that the bowels be moved by a high colonic flush, and that the application be continued and that the patient be kept rigidly

in bed. I gave explicit and rigid instructions as to diet.

The attending physician was very skeptical as to the outcome and yet insisted upon an operation. So rapid was the improvement that in three days I felt that it was safe to allow the patient to sit up. He continued to improve rapidly from that time. There was no return whatever of the symptoms. I have a great deal of confidence in libradol and I think that every physician should be familiar with it. I have long found it to be especially valuable in such cases as this.

G. M. MATHES, M. D.

For the relief of that form of acute pharyngitis which seems to be engrafted onto a chronic form of the disease, I prescribe the one-thirtieth of a grain of the nitrate of sanguinaria every four or five hours. It also improves defective hearing most decidedly, especially if the defect is due to a chronic catarrh of the eustachian tubes or perhaps a year or two standing.

CHARLES J. PFLUGER, M. D.

COMMENT.—The late Prof. W. H. Davis, for many years professor of materia medica in Bennett Medical College, laid a great deal of stress upon the use of the above named salt in the treatment of disease of the naso-pharyngeal region. He used an application also of the dry powder to destroy ulcers and to assist in the removal of foreign growths.

Arnica Internally

In your comments, on page 383, in the December number of *THE THERAPEUTIST*, you misstate me when you say that I depend more on the external action of arnica than I do on its internal influence for the muscular soreness, muscular tenderness or lameness, which are present at the end of a protracted or difficult labor.

I do not recommend it as an external agent at all in these cases, but I use it internally, wholly. I have been using it in this manner for over twenty-five years, after confinement in cases of severe and protracted labor, but it was my knowledge of the action of the remedy, when used externally, that suggested to me the fact that

it would be a better remedy if used internally. I remember the first case in which I so used it, rather as an experiment. I prescribed ten drops of the tincture to four ounces of water, a teaspoonful every two hours. When I returned the following morning, I found the patient almost entirely free from lameness and pain in the muscular system. Later, I occasionally added the tincture of macrotys to the formula, and now I often use echafolta in addition as an antiseptic.

For local use, I do not consider arnica as good a remedy in this class of cases as calendula.

J. C. ANDREWS, M. D.

Local Use of Echinacea

A young man came to me, suffering intensely with his jaw. He had some time previous had a tooth extracted, but had been suffering more or less since, and for three days and nights had had no rest. In spite of the soothing lotions and hot applications, the pain continued. I then prepared one dram of echinacea with two of water. I had him fill his mouth with it. Almost instantly the pain ceased. He slept soundly that night, a few slight recurrences of pain later, but the same preparation acted like a charm, and no further trouble has occurred.

Again, a lady in childbed taken suddenly with pain in the left side, with soreness. I prepared the same, one part echinacea to two of water, applied hot with flannel cloths, and gave a douche of one quart water and one dram echinacea, which acted like magic. Two applications completed a cure.

I would like a diagnosis for treatment and suggestions for the following: My husband has been for nearly two years troubled with sore lip (the upper lip). It seems to be wholly on the surface. The deeper tissues are not involved. It is situated under each nostril and any discharge from thence irritates it. I burned it last spring with caustic potash and for a time thought it would disappear. Is it a disease of the

follicles of the hairs? A crust forms over the sore, and on peeling off, leaves a raw surface, very tender to the touch. Anything of a greasy nature, such as salves of any kind, irritate and inflame. Dry powders do the most good, but nothing cures. Any information regarding this will be gratefully received.

MRS. A. E. LEYDE.

Boerhaavia Erecta

In the treatment of chorea, and other affections in which there are marked rhythmic movements, the fluid extract of boerhaavia erecta has proven to be a specific remedy in my hands.

GEORGE F. GAUMER, M. D.

COMMENT.—Dr. Gaumer, who for twenty-five years was collector of the flora and fauna of Central America for the British Museum, has for several years been making a series of experiments concerning the clinical action of remedies indigenous to his part of the country. He has discovered a number of specific remedies, and I am constantly hoping that I shall be enabled at no distant date to persuade the doctor to write us extensively concerning his discoveries and enable us to make his knowledge general.

The main obstacle to the general introduction of some of these remedies is that none of our well known manufacturers prepare them and keep them in stock. Dr. Gaumer prepares fluid preparations of the most of them for the local trade in Yucatan and other parts of Mexico.

As I stated above it is to be hoped that the doctor can be persuaded, soon, to write fully for us.

We are having in my locality this fall quite a great number of cases of sore throat, in its several forms. I have got into the habit of using much the same prescription in every case, and have not failed to cure, quickly and satisfactorily. The formula I use is as follows:

℞ Baptisia dr. 1
Echinacea dr. 1
Collinsonia dr. 1
Phytolacca drops 20
Water, q. s. to make ozs. 4

Give a teaspoonful every two or three hours for adults. I advise the patient to lay on the back and to gargle each dose, and allow the medicine to run slowly down the throat, swallowing as slowly as possible.

U. G. VANCE, M. D.

COMMENT.—If there is no exudate, there would be no objection to swallowing the medicine used for a gargle, but where an exudate is present, the gargle should be ejected, and a dose of medicine taken separately. I believe it is important that the patient does not swallow particles of the separated exudate.

The probabilities are that the cases the doctor has had to treat were similar in type, or he would not have had such uniformly good results. As he presents the cases, there is nothing specific in his method of treatment. I am urging every writer to be specific in the details of their cases, that we may know precisely when to give the remedy or the combination of remedies which they advise.

To check pain due to acute catarrhal or purulent otitis media, place in the auditory canal one granule of aconitine, one granule of atropine sulph., and a few drops of warm water. Give aconitine for fever and whatever is needed for the bowels. If seen in time, a small strip of gauze, $\frac{3}{4}$ x 1 inch, soaked in a 2 per cent solution of carbolic acid in glycerine should be applied to the membrane twice a day, for two or three days. This will prevent suppuration. Calcium sulphide and echinacea can also be given internally.

In intensely excitable and nervous women (when not due to organic disease) you will get better results when giving cypripedin if you give 1-6 when needed rather than 1-12 every one or two hours.

DOUGHERTY-TREXLER, M. D.

A Correction

In the prescription I gave you two months ago, for headache, I observe there is an error. The following is the correct formula:

R
Specific podophyllum dr. 1-2
Specific iris dr. 1-2
Specific apocynum dr. 1-2
Alcohol, q. s. oz. 1
Mix.

In the November number, page 341, this formula is given to make two drams instead of an ounce. The directions for headache are to give ten drops every fifteen minutes until four doses are taken. Then every hour while the pain lasts.

Another therapeutic fact, for which I am indebted to my father, Dr. H. P. Whit-

ford, Bridgewater, N. Y., is that the hypsulphite of sodium given for the same indications for which the sulphite is prescribed, but given perhaps in a slightly larger dose, is just as effectual and much pleasanter to the taste.

LENA R. WHITFORD, M. D.

Ignatia for Nervousness in Labor

I wish to give the following as my therapeutic fact, one which I have proven repeatedly to my own satisfaction. In labor cases, when the patient is extremely nervous, and cries out with great anguish with each pain, but where the pains are not very hard, and where the os uteri is rigid and unyielding, I add one drop ignatia to half of a glass of water, and give that in teaspoonful doses, every ten or fifteen minutes, for perhaps two hours. This will cause the great nervousness to subside, the pain to become bearable, will permit the os uteri to dilate rapidly, and thus favor a quick termination of the labor.

To obtain the above results, the medicine must be given in the frequent and minute doses above specified, for the exact indications.

S. B. BAIRD, M. D.

Thuja for Conjunctivitis

I at one time gained what might be called quite a local reputation in the successful treatment of conjunctivitis and granulated eyelids. I used a mild dilution of specific thuja. Later in practice I used Long's thuja, in conjunction with vaseline. Case after case were cured in from one to three months. A number of them were especially stubborn because of the severity of the previous treatment.

The activity of this remedy in removing gonorrheal warts is so well established that I need not dwell upon its virtues. To my way of thinking, it is the only way.

During five years' busy calling acquaintance, from physicians in Indiana, I found a large proportion of regular physicians adopting, little by little, the methods of specific medication, somewhat blindly to

be sure, in some cases, but adopting them just the same.

FRANK A. BARBER, M. D.

Oil of Cedar in Asthma

For the relief and cure of asthma, I wonder if any of the readers of this journal have ever tried the pure oil of cedar. I advise four or five drops of the oil on lump sugar. It must be allowed to dissolve slowly in the mouth, the patient breathing over it, and the saliva being slowly swallowed. This is done three times a day for adults. In the course of the treatment of these patients in the cure of chronic cases, I have found the application of a mild current of electricity of great service. If others have not used the remedy above mentioned, I wish they would give it a fair trial, and report their results through this journal.

U. G. VANCE, M. D.

Melilotus

In the treatment of engorgement of the uterus from any cause I have found melilotus to be an excellent remedy. Upon examination of the uterine os by the use of a speculum, the superficial vessels supplying the os uteri will be found to protrude from the surface of the os, and can be plainly seen. There may be entire suppression or scanty and painful menstruation. *Sp. melilotus*, two drams, water four ounces, has relieved these conditions in my patients in a very satisfactory manner. I give a teaspoonful every two or three hours.

F. G. WACHTENDORF, M. D.

I have been convinced that in the majority of wounds, and especially in ulcers and abscesses, a wet dressing is of much more satisfaction than a dry one. For more than a year I have been using calendula, and I think I have found the remedy par excellence. I usually combine calendula with glycerine and water equal parts, for an ordinary non-infected wound. If the wound is infected, if there is pus or sepsis, I add echafolta, an equal quantity with the

other two constituents. If there is an odor, I use asepsin also for a short time.

C. W. BEANE, M. D.

Carbuncle

The following is certainly a reliable therapeutic fact. If fresh peroxide of hydrogen be injected freely and thoroughly into any carbuncle, once each day, it will certainly destroy it. Each time the carbuncle is thus cleansed, a compress of absorbent cotton, saturated with a fifty per cent solution of the peroxide, should be laid over the carbuncle covered with oiled silk, and retained with a light bandage. I do not find that any other treatment than this is required.

E. J. MARSH, M. D.

Concerning the treatment of syphilis without mercury, as presented in the symposium in your December issue, I have had uniformly good results in curing my cases with the following remedies: Specific echinacea, iris, phytoacca, and stillingia in simple syrup. I regard these remedies as almost a sure cure in any stage of the disease, but as with any method, used in the treatment of syphilis, it requires time and persistency.

U. G. VANCE, M. D.

Constipation—Antispasmodic

In the treatment of obstinate constipation, in addition to the medicines usually prescribed, I advise the application of a tablespoonful of castor oil, rubbed thoroughly into the bowels, rubbing from side to side. In severe cases, apply it every two hours. In the use of antispasmodics, in the relief and cure of spasms or convulsions, I have found that the remedy in solution, injected into the bowel, to be in many cases the best and quickest method of application. There is no doubt in my mind that the spasms of children generally, and the convulsions of adults occasionally, have their origin in the bowel. The relaxing influence of lobelia administered in this manner is of great service. I have given it this way in many cases for rigid os uteri in severe labor, with prompt and satisfactory results.

Leucorrhea

The following prescription has served me an excellent purpose in the treatment of leucorrhea:

Boric acid oz. $\frac{1}{2}$
 Carbolic acid drs. 4
 Specific calendula ozs. 4
 Water, q. s. ozs. 16

Mix. Sig. Use two tablespoonfuls in a pint of hot water, twice a day.

M. C. BELKNAP, M. D.

Earache

One of the simple things that is often very perplexing is the common, ordinary earache. My routine treatment, which so far I have found sufficient to control any earache, is made by dropping two drops of the tincture of gelsemium, half a drop of the tincture of aconite, with from four to six drops of glycerin, warmed, into the ear every thirty minutes.

L. W. HENDERSCHUTT, M. D.

Treatment of Corns

As an application for the relief and cure of corns, I would use one ounce of collodion, one dram of salicylic acid, one dram of fluid extract of cannabis indica, Apply this for four nights. On the fifth night take a hot foot bath and extract the corn with the proper instrument, if it has not disappeared.

G. F. HEINEN, M. D.

Olive Oil in Snake Bites

A reliable physician writing some years ago in the *Medical Brief*, claimed that he had cured twenty-five very bad cases of rattlesnake bite with olive oil alone. In the locality in which he practised, rattlesnakes were very common, and every family kept a bottle of olive oil, which they used internally and externally, often without calling a physician. The wound was scarified and packed with compresses soaked in the oil, and the oil was given in tablespoonful doses internally every few minutes, until the symptoms abated. All swollen and inflamed parts were bathed freely with the oil.

Cataplasm of Kaolin

Probably no preparation of the Pharmacopeia has received as much attention from pharmacists as the cataplasm of kaolin. As yet there seems to be no one who has been able to so manipulate the official formula for it as to produce a satisfactory product. I have before me extracts from papers on it, written by six different men eminent in pharmacy, and no two of them agree on a plan of procedure, and only one is of the opinion that the Pharmacopeia is right.—Abstracted from the *Druggists' Circular*.

It is a matter of small moment whether or not pharmacists can make this preparation, as it is at best but a poor imitation of Antiphlogistine, for which it is recommended as a substitute. Up to date no one has successfully imitated a \$20 gold piece, and the same may be said of Antiphlogistine. As long as the Denver Mfg. Company maintains the high standard it has set for its product there will be little necessity for the druggist to worry over methods of manufacturing cataplasm of kaolin.

A five per cent solution of chromic acid applied with a brush to the feet in cases of hyperidrosis, after they have been thoroughly soaked in hot water and dried, will usually effect a permanent cure, after from four to six daily applications.

I would like to hear from any reader who has used red cohosh (*actea spicata*) as a medicine. There was considerable said about it as a narcotic and emmenagogue at one time. At the same time, claims were made for caroba (*jacaranda procera*) as a remedy in syphilis. If any of our readers can report on the action of either of these remedies we will be glad to publish the report.

No one of my fellows can do that special work for me which I have come into the world to do; he may do a higher work, a greater work, but he cannot do my work. I must do it with these hands or these lips, which God has given me.

—*Ruskin*.

Ellingwood's Therapeutist

A monthly journal devoted to the study of the most direct action of drugs upon exact conditions of disease; issued on the 15th of each month.

Edited and published by FINLEY ELLINGWOOD, M. D., 100 State Street, Chicago.

Subscriptions, \$1.00 per year in advance and One Therapeutic Fact, which should be sent with the subscription.

Editorials

Build thee more stately mansions, O my soul,
As the swift seasons roll!

Leave thy low vaulted past!

Let each new temple, nobler than the last,
Shut thee from heaven with a dome more vast,

Till thou at length art free,

Leaving thine outgrown shell by life's unresting
sea!

—Holmes.

THE ENTIRE FIELD

It is common for us to allow ourselves to think that the entire field of therapeutics is included in the application of drugs to disease processes. The field of therapy has been broadened within a decade or two until its limits can hardly be closely circumscribed. This is both fortunate and unfortunate. It is fortunate in broadening our resources; it is unfortunate in making necessary so wide a range of study that each separate department is apt to be slightly treated, as it is impossible for any one mind to be thorough in them all.

* * *

A mistake that has always been made and a line of error into which all are naturally led, is that which we see exemplified in the claims of those who advocate new methods or theories, allowing the public at once to receive the impression that the new method will cure every disease. Every patent medicine advertiser, every inventor of an electric pad, or a vibrator, or a rubber massage brush, or what not, has made claims for his particular device or method that are clearly beyond all reason. This statement is true with those who have advocated osteopathy, massage, vibration, and those who manufacture electrical ap-

pliances, and those interested in the output of instruments and apparatus for the application of radio-therapy.

* * *

At times, those who have advocated hydropathy, or peculiar dietary methods, or out-of-door methods of treatment of disease, and especially the mesmerist or hypnotist, or the mind-cure enthusiast or Christian science advocate, have been so successful in impressing the public with the extreme superiority of their methods and with their erroneous belief that it will ultimately prove a panacea for all ills of humanity, that much harm has been done in many ways.

It devolves upon the physician to unload his mind of any and every prejudice, to remember that the probabilities are that every one of these measures contains something that is good. There is probably none of them, like the blue light theory of 1876 or the red light theory of a later date, that is so thoroughly impracticable and devoid of benefit, that it could be excluded entirely, and as completely forgotten as these methods, which at one time produced a universal furor, now are. It is the physician's duty to endeavor to direct the study and application of each measure into its exact and precise channel.

* * *

There can undoubtedly be found a specific definite and precise place for the most of these methods in which that particular method will be superior to others, and as we are endeavoring to find a place exact and specific for individual remedies, and are endeavoring to find specific remedies for each definite and precise condition, so each of these measures should be considered and weighed, estimated upon, and received or discarded, in proportion to their successful adaptability.

Hydrotherapy, once used by a particular cult for the cure of all ills, has become a dependable measure for certain exact conditions. Bier's hyperemic method is slowly gravitating into an exact position. Dietary measures, in place of being arbitrarily pre-

scribed or rigidly advised in strict lines for every individual, are being considered with reference to their applicability to the patient under treatment.

* * *

The most conspicuous at the present time of all these cults is psychotherapy. This, under a new name, is nothing more or less than the *mind cure*, but an important thing in its consideration is that physicians are recognizing that no method has a more important place than this, when that place is correctly determined for the individual patient, and as it is closely associated with religion and with religious faith, so the minister is taking a deep interest in it in conjunction with the physician, and the two will work together more successfully than either have heretofore alone.

This, the Emmanuel Movement, as now taught, does not discard physicians and drugs, as Christian science methods and Dowieism did, but it demands that the physician not only makes an absolutely correct diagnosis of the condition of the patient, with all the methods known to science, but that he use all the measures *in his power* for the restoration and cure of those conditions, working at the same time in conjunction with those measures taught by the psychotherapist or by the minister who is making a special study of these methods, to put the mental condition of the patient into perfect harmony with all other conditions, establishing hope, assurance, confidence, and faith so strongly that all depressing mental conditions shall be entirely relieved.

* * *

The reasonableness of this course will appeal to every consistent physician. If he is not able at once to apply psychic influence that will correct the abnormal conditions of the mind that either advances the disease or retards the cure of the patient, he can apply to one who is making a consistent, thoughtful and prayerful study of this method, who will work in strict harmony with him.

The trend of the movement is towards getting rid of fadism in psychic methods, and putting them on an exact basis, for practical utilization. We must get rid of the faddish application of every measure, and working together, we as a profession will yet in the near future, I think, accomplish a most desirable result.

DEATH OF DR. BOSTICK

Dr. J. C. Bostick, of Benton Harbor, Mich., a physician of rare ability and prominence, a graduate of Bennett College, died at his home on Dec. 22, of general paresis. The doctor has been an invalid for two or three years, but until a couple of months before his death, his ultimate recovery was hoped for. Some two years ago, because of inability to do a large practice, Dr. Carl Mitchell went over from Chicago to assist him, and upon Dr. Mitchell the entire practice soon fell.

Dr. Bostick was among our promising younger men, and his death is greatly to be deplored. We extend our sincere sympathies to his wife and family.

ALBUMINURIA

As a "scare" symptom, albumen in the urine has probably been the cause of as much disaster and as many mistakes in diagnosis as almost any other one factor. The fact that excessive muscular strain, the eating of an excess of albumen, temporary mental excitement, hysteria, and very many other temporary conditions may influence blood pressure and other conditions, and permit the temporary escape of albumen in the urine, is seldom taken into consideration.

The fact that these causes are in no way connected with the structural changes of the kidneys and that the kidneys may be free from disease, does not seem to be considered. The careful study of the underlying causes should be made by every student of pathology, and close discrimination should be made, in the treatment of these cases.

Structural change in the kidneys must be invariably correctly diagnosed, but the fact

that a trace of albumen is found in the urine need not, in most cases, be mentioned at all to the patient, but the condition of the nervous system, of the blood, of the heart, and of the digestive apparatus, should be carefully restored and the general system of the patient built up. The use of a little tincture of iron often frees the urine from albumen if the patient has the needed rest.

BACKACHE IN WOMEN

Backache, especially in women, is a condition of immediate interest to every physician. But very little is written on this subject, in fact, as a specific topic, we might say almost nothing is written. From the nape of the neck to the coccyx, aches and pains are very common, and these aches are without doubt one of the common causes of nervous prostration. They are at least one of several causes.

The varieties and forms of these backaches are protean. Their causes are obscure and often indeterminate. It goes without saying that the ache is only a symptom of a more deeply seated condition, and it remains for the keen observer to determine the cause and remove the disorder.

In general, it is not difficult to determine whether the ache is due to an irritable spine, to irritation of the spinal ganglia, to disease of the vertebræ or of the sacrum, or whether it be due to disorder of the stomach, liver, intestinal tract or kidneys, or whether it be neuralgic or rheumatic in character.

Muscular rheumatism and lumbago have their exact diagnostic factors which render them unmistakable. Rheumatism of any of the deep muscles of the back or of the posterior or lateral walls of the chest, is not difficult of diagnosis. Usually the lithemic factors, if present, are readily found. A stiff neck, painful upon movement, usually acute in character, is included in this class.

Neuralgia except in the intercostal muscles, and in the sciatic nerves, is not common to this area, but with nervous exhaustion in some cases there is a muscular tire, which involves the muscles below the

scapulæ. This is very common and exceedingly hard to bear. This may be present in conjunction with spinal soreness or a tenderness over the cervical ganglia. With this, occipital headache is a frequent symptom.

With women of sedentary habits, those who drink much tea and coffee and but little or no water, and who eat meat freely, will be found to eliminate a very large proportion of solids to a very small proportion of water in the urine. This malproportion between the two essential constituents of this fluid, produces general irritation throughout the entire secreting portion of the kidney, which results in an almost constant backache. This produces a great strain upon the nervous system, it produces a sensation of nausea and faintness, and consequently greatly influences both gastric and intestinal digestion, and materially interferes with general nutrition.

Relief from this form is readily accomplished; a little exercise; the entire prohibition for two weeks of tea, coffee, milk, butter and meat; the drinking of an abundance of water between meals, with a glass of hot water just before eating, are auxiliary measures. Immediate relief is procured by the application of dry cups, four or five applied for perhaps ten minutes. For medicine give two drops each of macrotys and gelsemium and one grain of acetate of potassium every two hours.

Inactivity of the intestinal tract, with impaction in the colon, are common causes of backache in women. A dragging sensation under the ribs on the left side, extending around to the back, is frequently complained of. This may be temporarily removed by a thorough high colonic flushing, but the entire intestinal tract must have attention to prevent return of the difficulty.

Backaches are most common in the region of the sacrum. Care must be taken to exclude sacroiliac disease or injuries to the spine, or fracture or dislocation of the coccyx. Not only are the sacral nerves subject to neuralgias from general causes, but

pain, tenderness, and irritation of these nerves result often from disease of the pelvic organs or from pressure upon the nerves from within. This in chronic cases may be caused by chronic metritis, or cellulitis. The various diseases of the rectum and especially hemorrhoids, act as a common cause of backache. This is true as well in the male as in the female, and proper treatment must be instituted for the cure of the real disease, before the ache can be relieved. Backache of neuralgic or rheumatic origin, or from strain or injury to the bone, is increased on motion. Backache caused by disease within the pelvis is not influenced by motion. The constant irritation of the nerves caused by chronic pelvic disease is the cause of the most of these backaches. Garrigues in a recent article claims that an overlooked cause of backache in the lumbar and sacral regions is a cellulitis involving the utero-sacral ligaments. He believes this disease is much commoner than is generally supposed and that failure to cure is due to an improper diagnosis.

Satterthwaite believes there is a softening of the sacro-iliac cartilages and sometimes strain and subluxation of these joints.

A chronic atonicity within the intestinal tract resulting in dilatations and a pendulous condition of the abdomen is a very common cause, also, of backache in women.

Congestion of the uterus, chronic changes in this organ or in its supports, malposition, prolapsus, old standing lacerations that have not had attention, and, especially, occlusion of the cervix, which interferes with proper evacuation of the cavity, resulting in chronic endometritis with absorption of toxins, are all common causes.

In a future article I will outline the treatment of these several conditions. I found myself seriously inclined to do that in this article, but have already made it much longer than I had intended. However, with the proper consideration of the causes, any resourceful, practical physician will have but little difficulty in applying his principles of specific medication, and in

relieving by far the larger portion of these aches.

One of our subscribers makes a well grounded complaint at the confusion that occurs from the introduction of new names for well known old formula. He especially mentioned the name of glyconda, alkarhien and alconda for the manufacturers' preparation, of the neutralizing cordial. I have complained bitterly of this, and have been unable to see anything but manufacturers' reasons for it. I am very sorry that it has been done. A description of these compounds by the names of their constituents, as, the syrup orelix of rhubarb and potassium compound, is simple and without confusion.

The doctor above mentioned also refers to the several names used for individual remedies, such as viburnum, when either black haw, or cramp bark, is meant, or the names of cimicifuga and macrotys and black cohosh for the same purpose. Under the present system of nomenclature there seems to be but little hope of avoiding some confusion in these names. Ultimately we hope this matter will be greatly simplified.

STERILIZATION OF CRIMINALS

Carrington urges the sterilization of habitual criminals, and reports two cases so treated by him in the Virginia State Penitentiary. The first was a colored man, sentenced to a long term for a particularly brutal murder. He was transferred to the Colored Insane Asylum, Petersburg, where he killed a fellow inmate and nearly killed an attendant.

He was banded to and fro between the asylum and the penitentiary, and was finally sterilized. He was very wild, strong and cunning, and a determined masturbator. Today, six years after sterilization, "he is a slick, fat, docile prisoner, a trusty about the yard—cured by sterilization."

The second case was that of a young degenerate, "a notoriously lustful, beastful sodomist and masturbator," who is now a docile, model prisoner. Carrington's method is to make a slight nick through the skin

of the scrotum, near the pubis, and with a curved needle to take up the vas deferens and vessels and tie them all off. One catgut stitch closes the skin wound and a collodion dressing completes the operation.

THE TREATMENT OF DISEASE AND DEFORMITY DUE TO SCAR TISSUE

Snowman, in the London *Medical Lancet*, says fibrolysin, a combination of sodium salicylate with thiosinamine, is a drug possessing great value in occasioning the absorption of scar tissue. The injections are administered deeply into the gluteal muscles, occasioning little or no pain. It is especially commended in the treatment of keloid, Dupuytren's contracture, and indurations and adhesions in general.

Successful results have been reported from the use of this drug in both intestinal and gastric adhesions. He says that the most interesting of the remote applications of the drug is its use in middle-ear disease. At the General Hospital in Vienna the doses are given in the arm of 0.3 cubic centimeter, gradually increasing to the contents of one ampulia—i. e., 2.3 Cc. The treatment usually comprises from 20 to 30 injections spread over a period of about two months. If no benefit is derived from the first eight or ten injections the treatment is abandoned. Their experience seemed to show that patients with pronounced deafness may benefit to the extent of greatly improved hearing for speech and noise, but recovery to the degree of appreciating the ticking of a watch is not to be anticipated.

Tinnitus also was improved. The immediate effect of the drug seems to be the production of a serous congestion and hyperemia. He says that no more apprehension need be felt by the practitioner who decides to treat a case than he would feel in the injection of diphtheria antitoxin.

In general we have but little use for this class of remedies, but if this influence is found to be exercised by this agent we would not be justified in excluding it, as we have as yet almost nothing for conditions of this character.

ECLAMPSIA AND ITS TREATMENT

A German writer, after reviewing the various theories advanced to explain eclampsia, concludes that the disease best finds an explanation in assuming the presence of certain toxic products of metabolism or part of the placenta.

In a good many cases the body will form sufficient antitoxin so that no symptoms will develop; where, however, the powers of resistance are reduced, the liver, kidney, and ganglion cells of the brain will feel the effects of the poison. It has been experimentally proved that the placenta, in eclampsia, is intensely toxic to animals, if injected either into the blood or the peritoneum.

It follows that the successful treatment of eclampsia demands immediate delivery. As soon as the placenta is out of the womb the source of intoxication has been removed, and the chances of recovery are fair if the previous intoxication has not been too intense.—*Therap. Monatshefte*.

If this latter statement is true, it might be of much service to carefully irrigate the womb at once with a mild antiseptic solution, and to give active alternatives with the first symptoms of uremia. This may also explain the prompt action of veratrum, which is as active as an alternative as it is as an antispasmodic.

Dr. Brose Horne, of Gas City, Ind., corresponding secretary of the Indiana State Eclectic Medical Society, is throwing a great deal of energy and hard work into getting ready for the annual meeting in May. The doctor wants to get in touch with all of the physicians of Indiana, and desires that they shall drop him a postal card which contains their address, that he may locate them and enlist them in the work of the year. It is but a small thing for each individual physician to send the doctor his address and a promise of support. By this means a great deal can be accomplished.

Virtue is a kind of health, beauty and good habit of the soul.—*Plato*.

Miscellaneous

To rid a patient of an excess of uric acid use shepherd's-purse.

Sodium salicylate will be found to be an efficient remedy in the treatment of tonsillitis.

A noted authority says, that two hours of severe mental labor is as much a draft upon the vital force, as an entire day of hard physical work.

Baldo has a direct influence in reducing congestion and hypertrophy of the liver. It may be used alone or in conjunction with other indicated remedies.

To one fatigued and overworked in body and mind, a glass of hot milk is a reviving drink. If an egg be beaten and added to it the effect will be more permanent.

Acute choryza in infants is very happily treated by the administration of frequent dram doses of a mixture of five drops of euphrasia in four ounces of water. The remedy will benefit purulent ophthalmia.

The body has its claims, it is a good servant, treat it well and it will do your work. Attend to its wants and requirements, listen kindly and patiently to its hints, forestall its necessities, occasionally, by a little indulgence, and your consideration will be repaid with interest.

The results of version in labor are not always satisfactory on the part of the mother. One writer claims that more women die after version, than after any other surgical procedure, unless it be craniotomy. This statement, however, is questionable.

A physician once recommended that the leaves of eucalyptus be powdered, placed in an ordinary pipe, and smoked as tobacco is smoked, the smoke being drawn into the lungs, and expelled through the nose, this having a curative effect on chronic bronchial and nasal catarrh.

A patient who was literally covered with warts, as the doctor described it, took two grains of sulphate of magnesia four times a day, alternated with three drops of thuja. Every wart was gone within three weeks.

To prevent the discoloration of the tissues after a severe bruise or growth, there is nothing to compare with the tincture or strong infusion of capsicum, mixed with an equal bulk of mucilage, with a little glycerine. This should be painted over the surface and allowed to dry on. Two or three applications may be made. If applied at once, discoloration will be prevented. As an application to rheumatic stiffness in the muscles of the neck, this application will be found of much service, especially if full doses of macrotys and gelsemium be given internally.

Dr. E. M. Hale claimed to have treated at least eleven cases of scirrhus and incipient sarcoma of the breast with conium and hydrastis, accomplishing in each case a satisfactory cure. In his day, Dr. Hale was the leading homeopathic physician in Chicago. If these remedies were of benefit then, may we not combine them with echinacea and thuja now, or give these remedies in conjunction and alternation with excellent results. At times iris and phytolacca will have an important place, also, in these cases.

Hayden's Viburnum Compound, an old Eclectic formula, which is now popularized by the Committee of Pharmacy and Chemistry of the American Medical Association, by the recommending of a substitute formula, was originally prepared by mixing four drams of cramp bark, two drams of black haw, two drams of skunk cabbage, four drams of simple syrup, and tincture of cinnamon enough to make four ounces. After twenty-four hours this was filtered and given in dram doses.

These remedies and auxiliary remedies now well known can be prescribed in proper combination as the indications suggest with results superior to that possible from any arbitrary compound.

Choice Gleanings

GASTRIC ULCER

In these cases we find medical and surgical statistics to be misleading and faulty; deplorably much operative work has been done in purely medical cases; in most instances neither before nor after operation has there been a proper scientific use of modern diagnostic or therapeutic procedures. Simple ulcer is always medical; chronic ulcer is only surgical when persistently recurrent. Cases of moderate stasis and pylorospasm are not primarily surgical.

Hemorrhagic cases are seldom fatal and yield a lower mortality under medical than under surgical treatment. Surgical relief is advisable in painful perigastric adhesions resistant to medical measures. Perforation is a purely surgical condition. Proper medical treatment and after-control reduces recurrence to a minimum. The absence of this control in public clinics permits and justifies a freer recourse to surgery than would be permissible in private practice.

There is but a negative mortality in properly controlled private cases. The rigid plans of treatment and time divisions are an absurdity; the practitioner should be governed by a knowledge of the fundamental principles involved, the clinical course, known conditions as to gastric secretion, and still more the mortality and the patient's individuality. Absolute rest, mental and physical, the wise employment of alkalies, proper nourishment (demanding little of motility and secretion, exciting a potent digestive fluid rather than a profuse one, easily assimilable and nutritious) and proper psychotherapeutic control comprised all the measures usually found necessary.

Hospital care and the services of a trained nurse are of great importance. Patients should be kept under direct observation and control at least one year. Results should be reported after five years. Cure is not complete until all local tenderness, rigidity, and pain are relieved, blood absent

from the stools, and the previous best weight of the patient regained. The requirements on the surgeon's part should be quite as definite; and in both the claim to cure should be tested by a long immunity period.—*St. Paul Med. Jour.*

ALUM IN IVY POISONING

Charles W. Reynolds, after employing many different drugs without avail in rhus poisoning on his own person, decided to use alum. Moistening the skin of the arms and legs, as well as the hands, he rubbed a cake of alum over the same, taking particular pains to scrape off the tops of the little "blisters," while he was enjoying the scratching process. He got relief from the desire to scratch in about ten minutes. The rash disappeared in two or three days.

With this experience, on his next exposure to the ivy he proceeded to rub alum, the skin being moistened. He had only a few spots of irritation in his third and fourth attacks, all drying up in two days, and he suffered no inconvenience.

This season, so far, he has pulled more poison ivy than in all of his last season's "success," with only two or three little spots to show for it. Before starting out on his jaunt he rubs the alum over his face, neck, and arms. On his return he washed with sapolio, using a brush, then plain water, followed by the alum. Last year he did not use anything except the alum, and was as free of any bad effects as he has been this year.—*The Lancet-Clinic*, May 9, 1908.

REFLEX HEADACHE IN HYPERTROPHY OF THE TURBinate BODIES

The following forms of headache of nasal origin are given by an Italian writer:

1. Headache, with permeable choanæ, almost continuous, appearing in the morning as soon as the patient wakes up, subsiding at meal-time and returning with greater severity in the course of digestion. The bromides are useless in these cases, whereas the patients are often relieved by menthol valerianate.

2. Headache in the presence of acute rhinitis. The pain is located at the root of the nose and in the forehead, and is associated with nasal obstruction. Quinine hydrobromate is recommended as beneficial.

3. Headache in the presence of nasal stenosis. The pain is unilateral, and occurs especially in the morning hours. It subsides after painting the mucous membrane with cocain-adrenalin. A useful sedative in these cases is citrated caffeine (60 centigrammes four times daily, alone or combined with suitable agents).

4. Headache in the presence of acute sinusitis. The pain is continuous, and localized in the affected side. It may be relieved by the administration of calomel (10 centigrammes in the morning on six successive days). In the presence of maxillary disturbances aconite should be prescribed ($\frac{1}{2}$ -2 mg.).

Chronic sinusitis, syphilis and tuberculosis of the nose likewise give rise to characteristic forms of reflex headache.—*Charlotte Med. Journal*.

DISSEMINATED SCLEROSIS

Murrell reports a remarkable case of a girl, aged 19, who, after a week's sickness, with vomiting and pains in the abdomen and inability to walk, came to hospital on January 8. She was bright and cheerful looking and did not appear to be ill. He describes the symptoms, which led to a diagnosis of hysteria. She remained in the same condition until January 30, when the appearance of incontinence of urine and feces aroused the suspicion that the cause was some commencing organic lesion.

By February 4 the case was regarded as an early one of disseminated sclerosis, on the basis of the following summary of symptoms: 1. Patient in bed, fairly cheerful, but disinclined to speak. 2. Inability to stand, although both legs are moved freely in bed. 3. Reflexes exaggerated, no tremor, and apparently no anesthesia. 4. Dilatation of left pupil, with left ptosis and flattening of the left side of face. 5. Inconti-

nence of urine and feces. 6. Occasional purposeless vomiting; apparently no headache. Alternative possibilities were entertained, in succession, of a cerebral tumor in the silent area or tuberculous meningitis. The patient died February 10 and an autopsy showed nothing to account for death.

A more minute examination of the hardened brain, however, showed numerous areas of degeneration throughout, their shape, size and distribution being very irregular. There was no shrinking or bulging of the cord at the sites of the degenerative area. The diagnosis of disseminated sclerosis was thus finally established. The whole period of illness, reckoning from the onset of the first symptom to death, was forty days. This is probably the most acute case on record.—*Jour. Am. Med. Ass'n*.

TREATMENT OF NEURASTHENIA

Bing's long study of this subject emphasizes the three categories of symptoms in neurasthenia: the purely psychic, the subjective disturbances and the objective manifestations, which may range from urticaria, tremor and pulse and blood pressure variations to abnormal secretory conditions in the mucosa of stomach and intestines, etc. The manifold morbid physical phenomena indicate that neurasthenia is a general neurosis in the fullest sense of the term.

It is extremely important, however, to convince the patient that these various manifestations are not separate affections, but are all the outcome of a single abnormal condition of the nervous system as a whole. He discusses medicinal and dietetic measures, urging that neurasthenics should eat a little every hour, never letting the stomach be entirely empty. Even when attending to business or work of any kind, the patient can have crackers or figs or dried prunes in his pocket and a tablet of chocolate in his desk and eat a little every hour, drinking a little milk.

Milk should be the main reliance. The principal indications for these dietetic regulations are in all cases in which there is a sense of oppression in the head and tendency

to vertigo. In many cases of nervous dyspepsia the patients respond in an equally favorable manner to this form of dieting. Arsenic and valerian are favorites with him if drugs are required for neurasthenia. He gives minute doses of the former, keeping it up for months.—*Jour. Am. Med. Ass'n.*

ERGOT IN ACNE, VARICOSE VEINS, AND SLUGGISH VENOUS CIRCULATION

E. P. Robinson, of New York, after going over the physiological effects of ergot, states his belief that it is of great value in pathological conditions of the blood vessels and is of especial use to the skin specialist. He submits three cases out of several hundred that he has treated by intramuscular injections of ergot, to show its value and method of use.

The cases which he has submitted are acne, varicose veins, and sluggish venous circulation. The effect of ergot is to tone the muscular coat and so to maintain an even, steady flow of blood. The ergot should be injected deeply into the muscles, preferably in the gluteal region. The author usually gave injections on alternate days.—*Med. Record*, July 11, 1908.

"Black Eye," developing in an infant, without any history of injury, should always arouse suspicion of scurvy (Barlow's disease). It is generally distinguished by lack of swelling, absence of bruise or redness of lids, and rapid gravitation of the blue discoloration to the lower lid and cheek. The orbital hemorrhage may take place on the other side, after a short interval.—*Amer. Jour. Surgery.*

It is a simple thing for a physician to teach the mothers of his patronage how to examine the throats of their children, and to recognize throat disease early. No condition demands an earlier recognition than throat disease.

Life, to be worthy of a rational being, must be always in progression, we must always purpose, to do more or better than in past times.

—Johnson.

THE NATIONAL MEETING

President Scudder of the National Association is actively at work in arranging for the meeting which is to be held in Chicago in June. The active committees have been appointed: the work has been outlined and already much has been done. The sessions will be held in the Auditorium Hotel in Chicago, where already plans have been effected for audience rooms, committee rooms, and general display rooms. Very satisfactory arrangements are made for those attending. The chairman of the committee of arrangements is Dr. N. A. Graves, who is undoubtedly the right man for the place. The co-operation of every physician is solicited.

PSYCHOLOGY OF NEURASTHENIA AND HYSTERIA

We may regard the psychologic distinction between neurasthenia and hysteria as profound. In neurasthenia there is an exhaustion or poisoning of the higher cerebral or spinal nerve centers.

In hysteria there is no question of exhaustion, but there is aberration and morbid action of that part of the unconscious mind (vis medicatrix naturæ) which presides over the functions and nutrition of the body, and which produces in hysteria, unconsciously and against the patient's will, morbid phenomena which the mind consciously is wholly unable to produce, even if it wishes—such as, for instance, reversed peristalsis, high temperature, local tumors, etc.

Hysteria is thus parallel to insanity though quite distinct from it, the radical difference being that the sphere of the former is the unconscious mind and that of the latter the conscious mind.—*British Medical Journal.*

CANCER OF THE WOMB

This disease is probably the greatest dread of women.

Unless treated early by removal it always ends in death.

At first it is only in the part attacked, and is not "in the system."

If removed early it can frequently be cured.

Every day, and even every minute, is of importance, and no time at all should be lost.

The earliest symptom is generally a red discharge which does not occur at the proper time for the monthly period. This may be quite slight.

If the womb bleeds on touch this generally means cancer.

The discharge does not generally smell bad, nor is there pain at first.

A bad-smelling discharge should always be attended to at once.

Any discharge, either red or offensive, in a woman in whom the monthly periods have ceased for some time should be attended to at once.

It is not true that "the change of life" is properly marked by floodings, or by irregular bleedings, or by special discharge of any kind.

It often happens that a woman who has floodings or irregular bleedings or marked discharge about the time of "the change of life" is told by her friends that it means no harm and is "only the change of life."

Instead of going to a doctor she does nothing until the disease is so far advanced that no operation will save her and she throws away her life.

All women who have floodings, or irregular bleedings, or marked discharge of any kind (especially if offensive, but also even if not offensive), should go at once to a properly qualified medical practitioner, and ask to be examined thoroughly. If women did this many lives could be saved.

All women (such as nurses and midwives, but not only they) who are especially liable to be consulted on this matter, should avoid expressing any opinion of their own, but should advise the inquirer to go at once to a properly qualified medical practitioner and insist on being examined.—*British Med. Jour.*

And I smiled to think God's greatness flowed around our incompleteness,—

Round our restlessness, His rest.—*Browning.*

TUBERCULOUS PERITONITIS

Bussi's treatment of tuberculous peritonitis, purely medicinal, is said to give excellent results in some cases which cannot be subjected to operation. In this the abdomen is tapped and the effusion drawn off, and the whole anterior wall is then painted with iodine and guaiacol. Hypodermic injections of the following are given:

Iodine	1
Potassium iodide	10
Guaiacol	20
Glycerin	80

Iodized gelatin may be given by mouth later. All surgeons now believe iodine to have a remarkable specific effect in tuberculous processes.—*Am. Jour. Clin. Med.*,

RELATION OF CARCINOMA UTERI TO FIBROIDS

There is a distinct relationship between carcinoma of the corpus uteri and fibromyomata, and this relationship probably lies in certain common etiological conditions. The predisposition of fibroids to become complicated with cancer does not constitute an indication for their routine removal as soon as discovered, providing the patient can be kept under close observation, but any marked increase in the loss of blood from a fibroid, or the appearance of any vaginal discharge in the intervals between the hemorrhages should be regarded as suggestive of the development of carcinoma.

In a fibroid where either of these symptoms is present an immediate curettage should be performed in order that the condition of the endometrium may be examined, even if a radical operation has been decided upon. Every uterus removed for fibroids should be immediately opened by an assistant and the endometrium inspected to guard against possible oversight of a malignant process. In all cases of fibroids complicated by adeno-carcinoma of the corpus, a complete removal of the uterus including the cervix is the operation of choice.—*Boston Medical and Surgical Journal.*

Our Advertisers

For over twenty years I have been free to advise my readers and my students at college to use bovine when needing an immediate nutritional substance. It would take a book to narrate all the conditions in which I have found it of benefit. I once saved an infant's life with this alone. I gave a teaspoonful to a neurasthenic suffering from nervous wakefulness, and produced eight hours of the sweetest of restful sleep. I have applied it to the very worst of tibial ulcers with immediately curative results. It can be given subcutaneously when other food cannot be given, with marvellous results.

There are probably but few physicians who have watched the progress, development, and final crowning success of the business of Parke, Davis & Company more closely than I have. I undertook the investigation of South American vegetable remedies, at their suggestion, in 1878, '79, and '80, and have since found the most of their products to be always absolutely reliable. They certainly have been friends to the physicians in the manufacture of a superior line of remedies and antitoxins.

The Anasarcin Chemical Company manufacture a preparation that is recommended for all forms of dropsy, and clinical results are said to prove their declarations. It is manufactured from oxydendrum, sambucus and squills. This class of disorders, notwithstanding the many specifics advised, has not been found readily amenable to treatment, and any satisfactory cure will be hailed with delight. Great care is taken in the preparation of this remedy, to make it one that can be relied upon.

It has only been fifteen years since physicians refused to believe that the alcohol habit was a disease. They ridiculed the idea of its being cured. The influence of Dr. Keeley's advocacy of curative measures being adopted and the introduction of his cure and the establishment of Keeley's institutes has gradually convinced the en-

tire profession of the necessity of efficient treatment in these cases. Ninety-five per cent of cures by these methods and the record sustained is certainly a marvelous result.

For seven or more years Dr. Jos. R. Hawley has been endeavoring to perfect the Roberts-Hawley Lymph Compound. Its hypodermic use in the past has been highly beneficial in sustaining the nerve forces at those times when otherwise exhaustion is imperative and in correcting many diseases dependent upon wasted nervous structure. Recently, he has succeeded in preparing a lymph which is directly absorbable by the stomach, accomplishing in some cases even superior results to that given hypodermically.

Glycothymoline is certainly a most delightful remedy. The field of its usefulness in the treatment of diseases of the mucous membrane is a wide one. It was recently given in conjunction with a mild digestive in a case of extreme gastric derangement in a bottle-fed child, with immediate curative results. It is a standard remedy with nose and throat specialists, being used in sprays and douches. It can be recommended with confidence, and be relied upon to give satisfaction especially in chronic cases. In acute cases the effect is immediate.

There is no class of acute diseases that demand a more careful adjustment of diet than the protracted fevers, more especially typhus and typhoid. In the latter case, I have been in the habit of prescribing fruit juices, and especially Welch's grape juice. I have had my patients enquire for this, and ask permission to take it regularly. It is a simple and most effectual addition to the diet, and will sustain the patient alone for long periods.

An ointment made of the subnitrate of bismuth, zinc oxide, carbolic acid and lanolin, will be found of great benefit in eczema. The proportion should be adapted to the case. The addition of glycerin to the lanolin makes a smooth, and softer ointment, one more readily applied.

THE AMERICAN JOURNAL OF CLINICAL MEDICINE

This journal, with Dr. Abbott as the editor-in-chief, is certainly taking the lead in every particular detail, that is essential to the make-up of a splendid journal. The anniversary number of January 15, 1909, is certainly remarkable in a number of points. The January, 1908, number was a superb number, but Dr. Abbott never takes backward steps and it was therefore necessary that this first number of 1909 should exceed the one of 1908.

The influence of this journal upon the thought, upon the trend of medical practice, at the present time, towards more exact, more rational and particularly towards eminently successful lines, is being plainly observed. Its influence upon the practical working portion of the profession is certainly very great indeed. We congratulate Dr. Abbott on his success.

WHAT'S IN McCLURE'S

"Cleveland the Man," by George F. Parker, a paper containing some intimate reminiscences of a beloved national character; "Our Navy on the Land," by George Kibbe Turner, the story of the greatest waste of national funds in the history of the United States; "Work at the Rockefeller Institute," by Burton J. Hendrick, an article describing the wonderful experiments of Dr. Alexis Carrel in transplanting the organs of animals; "The Scientific Solution of the Liquor Problem," another paper of the series by Dr. Henry Smith Williams which has attracted national attention—these and other features make the February issue of *McClure's Magazine* an unusually strong number. The number also contains the second instalment of Mrs. Humphrey Ward's new novel, "Marriage à la Mode," in which she gives a remarkably striking portrait of President Roosevelt; an instructive paper dealing with "The Origin of Life on this Planet," and an article entitled "An Audience with Lincoln," in which the writer shows with what patience and discrimination the great President heard

the many petitioners that came before him. There are short stories by Mary S. Watts, Joseph Kocheli, Robert Sloss, Caroline Lockhart, Hugh Wakefield, and Adèle Marie Shaw.

NATIONAL BULLETIN FOR FEBRUARY

The National will meet in Chicago, June 15-18, 1909. The following local committee of arrangements has been appointed, which will insure a careful management of the details necessary to the entertainment of a large visiting delegation.

Chairman, N. A. Graves. Members, W. R. Schussler, Finley Ellingwood, J. B. Davis, W. E. Kinnett, J. D. Robertson, W. J. Pollock and C. H. Bushnell.

Members should begin now the preparation of a paper which shall embody some phase of disease and its specific treatment. See to it that this year's session devotes the necessary time to the study of specific medication, the bulwark of our school.

The new relationship between the National and the state societies is now an established fact, and is bound to react for the good of the whole Eclectic profession. Go to Chicago in June. Take part in the meeting. Put yourself right with the treasurer, and put your shoulder to the wheel, and with your best efforts give to Eclecticism a new impetus.

JOHN K. SCUDDER, *Pres.*

WM. P. BEST, *Sec'y.* 1009 Plum St.,
2218 E. 10th St., Cincinnati, O.
Indianapolis, Ind.

From a personal experience with eupatorium purpureum, Dr. Budd, a regular physician, testifies that it is "an active diuretic; that it will relieve the pain and tenesmus of acute cystitis, and that it acts better if taken in hot water," and further, that it may be necessary to give a large dose of the remedy." He substantiates claims made by Eclectic physicians for a half century past.—*Chicago Med. Times.*

Praying to God and hammering away.—A proverb of Sancho Panza.

Ellingwood's Therapeutist

A MONTHLY JOURNAL OF
DIRECT THERAPEUTICS

VOL. III

MARCH 15, 1909

No. 3

Leading Articles

CRATAEGUS OXYACANTHA*

A. W. JERNIGAN, M. D., EVENING SHADE, ARK.

Although we are all familiar with the history of the introduction of this drug into this country, and with the reports of the wonderful cures effected by it in the practice of Eclectics, I am sure that cratægus has not received the attention it deserves from the profession.

The majority of the profession is still ignorant of the qualities of this remedy, and many whom I meet, socially and professionally, have never heard of it. The Eclectic materia medica is rich in the abundance and variety of its resources. But while there are very few of our remedies that do not repay us for restudying them, I give it as my opinion that no remedy will more surely repay the observer for a careful, systematic study of its actions and uses, than cratægus.

For the past three years I have used this drug extensively in many forms of cardiac troubles, functional and organic, acute and chronic, and with such gratifying results in most cases that I take this opportunity of presenting the conclusions formed from my observation of its action in my practice.

Clinical experience has convinced me that cratægus is the peer of many so-called heart remedies, because:

1. Its field of action is much broader than that of any other agent of this class.
2. It has no cumulative effect.
3. It is non-toxic.
4. It acts in harmony with any other indicated heart remedy.
5. It has no contra-indications.

In the study of drugs, we have always endeavored to ascertain as far as possible their specific action upon certain organs or parts of the body, and following this line of thought, to associate certain drugs with certain conditions.

Pursuing this method of study, we find that while cratægus acts powerfully upon the heart, this is not its only field of usefulness.

My studies lead me to believe that cratægus has a beneficial influence:

1. Upon every part of the circulatory apparatus, from the heart to the smallest capillary.
2. Upon the sympathetic nervous system.
3. Upon the central nervous system, especially upon the pneumogastric nerve.
4. Upon the urinary organs.
5. Upon the processes of metabolism.

Upon the administration of cratægus, the pulse is noticeably lessened, and the impulse strengthened. The lack of equilibrium

*Read before the Arkansas Eclectic Association.

between the heart beat and the blood pressure is restored, and there is no doubt of the importance of the relation of the action of the heart to vascular pressure. This is exemplified when the characteristic, rapid, feeble heart action is present which follows hemorrhage and shock, the heart being over-worked in its efforts to fill the depleted vessels.

Soon after beginning the use of *cratægus*, the patient invariably experiences what has been described as a sense of well-being. All his gloomy forebodings are gone, and he feels that he has a new lease of life. And allow me to insist that this is not the least important action of the drug. If your patient would get well, he must think healthy thoughts. We are all familiar with the mischief wrought in our heart cases, by the patient's mental condition. Have you not seen one, when he thought no one saw, counting his own pulse, with an expression of despair upon his face? But all this is soon overcome by the action of *cratægus*, which is due, I believe, to the influence of the drug upon the central and sympathetic nervous systems, as well as to the actual improvement in the condition of the circulatory apparatus.

In this respect, *cratægus* acts much as does *pulsatilla*, and the two agents may be prescribed in combination, with very good results. Especially is this combination valuable with neurasthenic girls with a functional heart trouble, and menstrual irregularities, where the influence of *cratægus* is not to be overlooked by the observing physician. Whether the heart be feeble from organic lesion or functional distress, with or without effusion, its wonderful curative properties are apparent. The improved circulation, the unmistakable improvement in the condition of the blood vessels, show that the heart is not the only part of the circulatory system acted upon by the remedy. The appetite increases, assimilation and nutrition improve, showing its influence upon the sympathetic and upon the pneumogastric nerve; the diseased valves are repaired, the flabby, anemic heart is renewed,

testifying to its influence upon waste and repair, and to the fact that the cells themselves feel its presence.

In all dropsical conditions, whether due to cardiac weakness or to some wrong of the kidneys, I have come to use *cratægus*, associated with any other indicated remedy. It facilitates the action of *apocynum cannabinum* in the albuminuria of pregnancy, with the consequent edema. Here I prescribe:

R

Sp. med. *apocynum cannabinum*,
Sp. med. *cratægus oxycantha*,
aa fl. dr. ii

Syrup squills, q. s. ad fl. oz. iv

M. Sig. Take one teaspoonful every four hours during the day.

I have found *cratægus* a valuable adjunct to the treatment of diabetes insipidus, especially when occurring in children.

Again, I believe that we have in this agent a most dependable remedy in the treatment of exophthalmic goitre. I am now treating a case of this malady which developed about one year ago. At the time the patient, a young woman of 23, very anemic, came to me, about three months ago, the symptoms were alarming. The pulse rate 140, vascular disturbance great, and dyspnea so great that the patient could not walk one hundred yards without great distress; the eyes were bright and bulging, and the thyroid enlarged to several times its normal size. About six months before coming to me, periodic seizures had developed, resembling those of epilepsy. During these convulsions, she would lose consciousness for several hours.

I gave her 10-drop doses of sp. med. *cratægus*, two hours apart, for several days, with appropriate tonic treatment. I then increased the interval to four hours.

Since she came under my care she has not had a convulsion, and her general condition is greatly improved. Pulse rate is now about 90, quality good. The eyes seem to have regained their normal position. There is no dyspnea, and the thyroid itself is greatly reduced in size. It is of

course too early to be sure of a cure in this case, but I believe that the results obtained will be permanent. A similar case, excepting the convulsions, treated two years ago, has had no return of the trouble.

In my practice I have found *cratægus* to be a sheet anchor in the treatment of *angina pectoris*.

A case of the nocturnal form of this disease, of five years' standing, was cured by the use of this drug. This patient's condition was pitiable. He was 53 years of age, and a neurasthenic. He lived in constant fear that he would not live through another paroxysm. During the first day, I gave him 10-drop doses of specific medicine *cratægus* every hour. The paroxysm that night was not so severe, and was soon relieved by full doses of specific medicine *lobelia*. I continued the *cratægus*, gradually lengthening the interval. The patient's condition continued to improve, and at the end of the second week, the heart pang seemed to be gone for good. But I had him continue the remedy in 10-drop doses, three times per day, for three months. Two years have now elapsed since the treatment was discontinued, and there has been no return of the difficulty.

I would not neglect to mention, however, that in this case, as should be done in every case, careful attention was given to the habits of the patient, and that other indicated remedies were not forgotten.

Here again, let me emphasize the fact that any other indicated remedy may be prescribed in conjunction or alternation with *cratægus*. The indications should all be studied, and our medication directed toward the relief of the abnormal condition of which the symptoms are but the expression.

If there is any division of cardiac difficulties in which *cratægus* acts more powerfully or promptly than another remedy, it is in endocarditis, and the subsequent valvular incompetency. To be able to appreciate fully the remarkable results following its administration in these conditions, you must have watched a patient whom you would expect to fill an early

grave, under any other treatment, coming back to health with the cleaning up of the entire pathological condition. The following case in practice illustrates the action of *cratægus* in the conditions just named.

On Jan. 17, 1906, I was called seven miles into the country by a farmer, to attend his daughter, aged 14. I found the patient suffering from inflammatory rheumatism, complicated with a severe case of chorea. The rheumatism affected the right hip, knees and ankles. There was great tenderness and swelling in these joints, and the pain occasioned by the spasmodic action of the limbs, induced by the chorea, was distressing. The patient was anemic and restless, temperature 103.8° F., pulse rate 135. There was considerable dyspnea, and she preferred to lie with head and shoulders elevated. The lower limbs were edematous.

The family history showed tuberculosis, a maternal uncle and an aunt having died with this disease. No history of venereal complications. Upon questioning the family, I learned that the patient had had two previous attacks of inflammatory rheumatism, and one of chorea, all within the past three years.

The strained, frightened expression of countenance caused me to think of cardiac lesion, even before I had felt the pulse. After examination I diagnosed an endocarditis with mitral incompetency and regurgitation, the mitral sound being very distinct. The bowels were constipated, the urine scant and highly acid. I gave:

R̄ Sodium salicylate oz. ss
Sp. med. apocynum cannabinum
fl. drs. ii

Aromatic elixir, q. s., ad. . fl. ozs. iv

M. et Sig. One teaspoonful every four hours.

Also the following:

R̄ Sp. med. gelsemium gtt. xx
Sp. med. macrotys fl. dr. i
Sp. med. *cratægus* fl. drs. ii
Sp. med. pulsatilla fl. dr. ss
Aqua, q. s. ad. fl. ozs. iv

M. et Sig. One teaspoonful every hour

For the constipation I gave small doses of *rhamnus purshiana*, three times per day. I applied libradol to the affected joints, and gave directions concerning the diet.

On the 19th, her condition was greatly improved. The spasmodic action of the muscles was much less severe, and the patient was resting well, with kidneys acting freely, and bowels loose, but no diarrhea. Temperature 100.2° F.; pulse rate 110. With some slight alterations I continued the treatment until the 21st, when I found the patient still improving, with temperature normal, pulse 90, no pain and but little swelling in the joints, and but little evidence of the St. Vitus's dance. I then gave the following:

R

Sp. med. *cratægus oxyacantha*
fl. drs. iii
Sp. med. *macrotys* fl. drs. ii
Sp. med. *pulsatilla* fl. dr. i
Aqua, q. s. ad fl. oz. iv

M. et Sig. One teaspoonful every three hours. Also:

R

Iron by hydrogen fl. dr. i
Ft. capsules No. xx
Sig. One capsule every four hours.

Not thinking it necessary to see her again, I explained to the father the condition of the heart, instructing him to come for more medicine as soon as the supply on hand was used. But by the time the medicine was taken, she had improved so much that he failed to return, and I heard nothing from her until March 29, when I was again summoned.

I found great dyspnea, lower limbs very edematous, pulse rate 145 and very feeble, irregular and tremulous, temperature 100, with mitral sound distinct, though the other heart sounds were muffled by a hydropericardium which was now present. The evidence of pulmonary congestion had increased apace, and a troublesome cough, with an expectoration of thick mucus streaked with blood, was now present.

The patient could remain in the recumbent position but a few moments at a time.

She was hysterical, the voice shrill and bleating, and the expression of the face and eyes was one of fear and distress.

The evidences of sepsis present led me to believe that the endocarditis had now reached a suppurative stage, and for this reason I incorporated *echinacea* and calcium sulphide into my treatment, which was now as follows:

R

Sp. med. *echinacea angustifolium*,
Sp. med. *cratægus oxyacantha*,
aa fl. drs. ii
Sp. med. *aconite* gtt. vi
Sp. med. *pulsatilla* fl. dr. ss
Aqua pura, q. s. ad fl. ozs. iv

M. et Sig. One teaspoonful every hour.

Also:

R

Sp. med. *convallaria* fl. dr. i
Sp. med. *apocynum* fl. dr. i
Syrup *scillæ* fl. ozs. iv

M. et Sig. One teaspoonful every three hours. Then:

R

Calcium sulphide dr. ss
Iron by hydrogen fl. drs. ii
Ft. capsules No. xx

Sig. One capsule every four hours.

I saw her again on March 31, when I found her more comfortable, with condition seemingly improved. My prognosis was unfavorable, however, and on April 3 the family called a regular physician of some years' experience, to meet me in consultation.

I could see still further improvement in her condition, but the consulting physician told the family there was no possible chance for her recovery, that no doctor could do her any good. This of course greatly distressed them, and on the next morning, April 4, I was notified that the case had been turned over to another physician. On the evening of this date I saw at the local drug store two prescriptions for the girl, one calling for strychnine and atropine, and the other for digitalis. I made a mental note of this, and waited.

I heard nothing more until April 16, when the father telephoned me to come at once. The physician who had been called in my stead had given up the case, and the girl was now dying.

There was no perceptible, radial impulse, and there was a faint flutter instead of a heart beat. The breathing was labored and very shallow, owing to the extreme anasarca now present. The skin was greatly cyanosed, and the extremities cold.

I gave immediately a hypodermic injection of 10 drops of specific medicine *cratægus*, and repeated it every thirty minutes until four doses had been given. I could then feel the pulse at the wrist, and she began to show signs of returning consciousness. I lengthened the intervals of the injection to one hour, for three hours, when she was able to swallow. I then gave the following:

R
Sp. med. cratægus fl. oz. ss
Sp. med. convallaria fl. drs. ii
Sp. med. apocynum fl. dr. i
Aqua, q. s. ad. fl. ozs. iv

M. et Sig. One teaspoonful every three hours.

The patient's improvement was indeed remarkable, and, to the family, seemed little less than miraculous.

After a few days, I discontinued the apocynum, and added *echinacea* to the treatment. I also gave the combination of iron and calcium sulphide given above. I administered the apocynum at intervals, as the gastro-intestinal irritation admitted, for three weeks, at which time there was no edema or anasarca present. At this time I discontinued all the medication except *cratægus* and the above mentioned combination of iron and calcium sulphide, which was continued for one month.

On April 28 she could walk about the premises. She continued taking *cratægus* in 10-drop doses, before meals and at bedtime, until some time in the month of September. Today, the girl is strong and well, with no signs of valvular disease, or of other cardiac lesion. As far as I am able to discover, she has a perfectly sound

heart—thanks to specific medication, and to the wonderful curative properties of *cratægus oxycantha*.

It is results that we seek, and one clinical fact is more valuable than ninety and nine fine-spun theories.

COMMENT: This is the first case in which I have known *cratægus* to be given hypodermically and although other remedies were afterward given the immediate restorative effect must be attributed to this remedy, and it looks as if the general improvement was due to its influence. This is certainly an important report and adds some important facts to our rather meager knowledge of this remedy. I have always felt that it had an important place when that place was determined.

BELL'S PARALYSIS: A COMPLICATED CASE—ASCENDING PARALYSIS

V. A. BAKER, M. D., ADRIAN, MICH.

Mr. A., a man 74 years of age, mental motive temperament, rather stout in make-up, weight 190 pounds, was taken ill some two months since. He first noticed a slight puffiness of the left side of the face, which rapidly became swollen to tenseness; no pain but a feeling of discomfort.

The eye on that side of the face was firmly closed. There was no perceptible rise of temperature. He was able to protrude the tongue, speech and hearing were unaffected. This condition in a passive form continued several days. He had on the affected side of the face a decayed tooth, though it had troubled him none of late, but I attributed to it the exciting cause.

After remaining in the condition described for several days the swelling disappeared rapidly, but all the indications of Bell's paralysis were noticeable. The mouth was drawn to the reverse side, the speech was muffled, the tongue protruded with difficulty and imperfectly. After remaining in this condition several days, he was attacked by severe neuralgia involving the left hip and the groin and descending colon, which was most stubborn to treatment, although remedies specific to the condition were resorted to.

This state of things kept up for three weeks. Occasionally the intense neuralgia-like pain affected the stomach. The secretion from the kidneys was only slightly modi-

fied, they acted freely, considering his condition, and the bowels as a rule moved with regularity. During the worst of the neuralgia, he had some fever, followed by a very drenching perspiration. This was readily amenable to treatment.

I need state also that he was a subject of rheumatism for several years, some of the time severe, though as a rule he kept about his business, that of a carpenter. Never in my experience have I had just such a case. My opinion is that absorption of a putrefactive alkaloid affecting the nerve ganglia supplying the parts in an ascending manner, is, perhaps, explanatory, as the mind did not seem affected in the least, as I would expect if there was a lesion within the cranium. At this time, February 4, 1909, he is comparatively free from pain, though the facial muscles are distorted, mouth drawn and the speech thick.

A few years since I had a case of so-called ascending paralysis which resulted from infection, starting after cutting a corn. The man was in middle life, healthy, of phlegmatic temperament, by occupation a farmer, married, having a family of three children. The foot began to swell soon after the accident, an abscess with but little pain forming, which on lancing (between the little toe and its neighbor) discharged but a little pus and that of a sanious character, the discharge stopping suddenly within two days after lancing and nothing would tempt its renewal. The parts seemed to heal kindly, with the exception of a feeling of numbness and a prickly sensation in both limbs extending to the knees.

He was about the house ten days after lancing the foot, before the morbid manifestations, just mentioned, became noticeable. It then gradually extended to both knees, creeping up as it were, steadily, the anesthesia becoming more and more in evidence as time passed. In ten weeks it had reached the gluteus muscles and gradually extended to the abdominal region, finally reaching the thoracic organs, inducing the symptoms of severe asthma, lividity of countenance, etc., death ensuing from

apnea. His mind remained clear to the last, and, remarkably strange to say, the kidneys and bowels moved fairly well; digestion was painless, although he had an indifferent appetite; deglutition right until the very last. The emotional and secretory systems seeming comparatively unaffected. A case of superinduced ascending paralysis was my diagnosis.

They that deny themselves will be sure to find their strength increased, their affections raised and their inward peace continually augmented.

— Arnold.

LOBELIA HYPODERMICALLY IN DIPHTHERIA

MARGARETA WILKENLOH, M. D., CHICAGO, ILL.

For years I have used lobelia in large doses by the mouth, in croup, and have applied it externally in cases of blood poisoning. I have also used it hypodermically in pneumonia when near the stage of crisis, or when the plastic exudates are exceedingly adherent and there is labored breathing with great oppression in the chest. I am inclined to think that in such cases it is beneficial in assisting in the removal of the plastic deposits.

Until I read the article by Dr. Jentzsch in the June number of this journal, I had never used the remedy hypodermically in diphtheria. The first opportunity I had to try it in such a case, was on the third of December, when I was called to a case of malignant diphtheria in a male child, 11 years old. I immediately concluded that this was an excellent opportunity to test Dr. Jentzsch's method. I therefore at once gave a hypodermic injection of 30 drops of specific lobelia and repeated it twice a day for six days.

By mouth I gave the patient phytolacca and echafolta. The throat and nasal passages were free from all diphtheritic deposits by the twelfth of December, and the child made a perfect recovery. There were three other children in the family and I gave these lobelia by the mouth, alternating it with phytolacca and echafolta. The second younger child, seven years of age, had

considerable exudate in the throat, similar to the first case, but none of the other children were in bed during their illness, and in two weeks' time from the time I saw the first child all the children were free from the disease and the health department fumigated the rooms.

On the morning of the twenty-sixth of December I was called again; this time to attend the youngest child, who had vomited considerably during the night, had a temperature of 104.5° F., and the mucous membranes of the throat and tongue were covered with a dirty grayish coat. I immediately gave the child a hypodermic injection of twenty-five drops of lobelia, and gave phytolacca and echafolta by the mouth. On the twenty-seventh of December I gave thirty drops of lobelia both morning and evening. On the twenty-eighth I increased the dose to thirty-five drops.

On the twenty-ninth the child was very sick. The throat and nasal passages seemed to be closed up, with a dirty greenish gray deposit, and it seemed to me that the child was at the point of death. That morning, to keep my conscience clear, I injected four thousand units of Stearns diphtheria antitoxin. Considerable pain followed this injection and the stench from the child's mouth was unendurable. The next day the child was unconscious, and I concluded to go back to the lobelia hypodermically again, and gave forty-five drops. I called again in four hours and found there was return of consciousness, the membranes of the throat and nasal passages were very dark colored and there was no abatement in the stench. I then sprayed the throat and nasal passages with a strong solution of asepsin, and much of the exudate came away. I continued the spray at intervals until the evening of the thirty-first, when a hemorrhage occurred from the throat. This I controlled by an application of thuja. January 2, the membrane from the nasal passages came away, followed by a severe hemorrhage. To control this, I used a spray of thuja, applying it thoroughly to all the passages. From December 30 up till

January 7, I gave 45 drops of lobelia, by injection, twice a day. On the seventh I stopped the lobelia and gave nux vomica and echafolta by the mouth. The child could swallow, but was somewhat nervous and could not sleep. I then gave scutellaria with nux vomica. After a day or two the child wanted to sleep all the time, apparently from pure exhaustion; did not want to be disturbed.

On the seventeenth, the house was again fumigated by the health department. The child is now well, except that she cannot speak clearly. The voice is husky, from injury to the vocal cords. This of course is due to the diphtheritic deposit, or through paralysis, and is not due to the action of either the lobelia or the antitoxin. There seemed to be an atrophy of the entire structures of the throat. This case will probably be interesting to the readers of this journal.

On the *twenty-second* of December I had a microscopical examination made from the throats of all of the children, and no bacilli were found. All the children were then in good condition. On December twenty-seventh, when I made the third visit to this last patient, I noticed a Christmas tree standing in the front parlor. I immediately remembered that three years before, a relative of theirs, a young lady, twenty-three years of age, who had just arrived from Europe, had a very severe attack of diphtheria three days after her arrival, which I was finally successful in curing. During her sickness, a Christmas tree had stood in the same spot. Ultimately the tree was destroyed, but the ornaments were packed away in a box. During her illness the children, ten in number, were kept down stairs, and with proper prevention none of them were attacked. I told them at the time that the tree and everything on it must be destroyed.

It now occurred to me that there might be some relationship between that attack of diphtheria and this one. I found upon inquiry that there had been no Christmas tree at that house since that time, and that in the last of November, 1908, in cleaning

house, the children had found the box of tree ornaments, and had played with them for a short time. That accounts for the first attack of diphtheria on the third of December. These were then put away again until the day before Christmas, when they were brought out and the tree was decorated with the result that Margaret came very near death, and one other child was slightly ill. I then demanded that the tree, its fixtures and everything pertaining to it be immediately burned, that there should be no farther recurrence of the disease.

The most of us are slow to believe that things sometimes are harmful, until the fact is demonstrated in some manner often serious, as this was.

Henceforth I ask not good fortune, I myself am
 good fortune,
 Henceforth I whimper no more, postpone no more,
 need nothing,
 Done with indoor complaints, libraries, querulous
 criticisms,
 Strong and content I travel the open road.
 —Whitman.

WHISKY (?) AND CHLOROFORM IN CONGESTIVE CHILLS?

By A. C. HEWETT, LL. B., M. D., CHICAGO

C. B. Dean, M. D., commends *spiritus frumenti*, drs. iv, chloroform (chlorine formyl), dr. ss, mixed, and given at a single dose in order to obtain prompt reaction when the chill is on. (See his article: ELLINGWOOD'S THERAPEUTIST, Dec., 1908, pp. 383-4.)

His casual remark on page 384, "If brandy is not available, I use water with which to combine the chloroform," "mixes his babies" a little.

Spiritus frumenti is *whisky*, whether classified adjectively by proof-per-cent alcohol, or by links of surveyor's chain and vernacular "Forty Rod." (Dunglinson's Medical Dictionary and U. S. P.)

Brandy is a generic name given to distillates from different substances by the aid of heat; as that from French wine: *Spiritus Vini Gallici*: (U. S. P., P. Br.), apple brandy and peach brandy.

There are whiskies and whiskies, as there are brandies, varying greatly in stimulating and medicinal effects. It is to be regretted that Dr. Dean did not more accurately name what he used: especially, as he claimed, truthfully, without doubt, successes after "doing some thinking," and using said formula, *to abort chills*.

Pioneers blazing paths through wildernesses should "chip" deeply and broadly. The above is written in no spirit of technical criticism. Far from it. Dr. Dean is the pioneer, so far as I can learn, in this use of chloroform and the publishing of the same to abort congestive chills, thus lessening "shock." He is to be commended for possessing the courage of his convictions, and giving his treatment to the profession.

Dr. Finley Ellingwood in his "Eclectic Treatment of Disease," under the heading of "Pernicious Intermittent Fever," gives as first synonym for that disease, *congestive chill*; and defining it says:

"A sudden, profound, general *congestion* exhibiting the phenomena of *surgical shock*. Vide Vol. 1, p. 46, under caption "Pernicious Fever.")

So far as I can recall, he is the first writer of prominence to note that important fact. Are not all chills consequential upon, or shadowed by congestion?

Dr. Ellingwood says of chloroform (what I have never seen elsewhere): "As a prompt solvent it is a valuable menstruum under *important* circumstances." Also, "Taken internally, being insoluble, and easily diffusible, it produces intense local effects rapidly." ("Ellingwood's Materia Medica and Therapeutics," p. 133.)

I trust I may add without offense to Dr. Ellingwood that so taken it produces marked *general* effects as a diffusible stimulant and neuropurpuric.

A case illustrative: More than fifty years ago, late in the first year of my medical practice (?), I was called to see a patient who (as per messenger) "had awful histerikes." Arrived, I found an Irish woman about 20 years old, weighing about 160 pounds. I diagnosed "Acute hystero-psych-

osis. When not kicking off the bed-clothing, and tearing out her hair, she seemed spasmodically suffering, but not unconsciously so. I was in the country, and had no bromides with me, or other appropriate sedatives for uterine neuria, but I had chloroform, of which I put 20 drops on sugar, dissolved in a tablespoonful of warm water. Asking her to take the dose, she snapped her teeth together viciously, and with closed lips refused all coaxing, and buried her head back into the pillow, presenting two distended bell-shaped nostrils temptingly. Upon impulse I said: "Mouths were not made for medicine—noses are better." Watching for the end of an inhalation, I tipped the contents of the spoon into one of the nasal funnels. Of course, there were sputterings and coughings, and immediate change from the prone to a sitting posture. After a catch of good breath, she turned a pair of "buttermilk-blue" eyes upon me with glints like sun-gleams on steel, and with a hibernio-celtic trill of r's said, "Doctor-r-r G——," turned her face to the wall and 'curled herself down. I noted that it was not a spasm that coiled her down, and left her.

The dose, or method, or both, acted as a prompt cure: perhaps a prophylactic; for during four years following she had no return of hysteria.

The chloroform and the questionable method caused notoriety that I did not seek, and the alliterative title, "Dare-devil Doctor," was the term applied to the prescriber.

Very soon thereafter, a hurry call took me to a severe case of pernicious fever. A farmer's wife, about 30, well built, well moulded; mother of four children. Two experienced, able doctors present. Congestive chills in that region were endemic. These doctors had lost cases. Patient shaking, surface and extremities cold, face of a grey pallor; retching, purging and cramps. The doctors said: "Cholera morbus;" I, "Congestive chill; Get hot water and mustard." The doctors: "No! Morphine and calomel." I, to husband: "First

chill?" Husband: "No; second time." Husband to doctors: "Give the young man his way; you have lost several cases." To me, "Take care of her." The doctors left, and I, a boy, remained in charge. I took of chloroform 30 drops, and 20 drops of strong spirit of camphor, on sugar. Dissolved the sugar in one-half tumbler of hot water, and gave it. I ordered hot water and mustard. Prepared a second dose, with chloroform 15 drops. Retching and shivering ceased. Fifteen minutes gone (with hot water to the feet and mustard to the back of neck.) I feared to give a second dose, and watched the color come to the cheeks and lips. In twenty minutes the patient opened her eyes, looked at her husband, and poor me, smiled wearily and dropped off into a quiet sleep.

I prepared of quinine 30 grs., leptandrin 9 grs., capsicum 6 grs., divided into three powders, to be given, one powder every four hours, till her ears began to ring.

The recovery was rapid and uneventful. Before frost came, which seemed to end the endemic, I had over twenty cases to treat with no deaths to my record. This was favored, no doubt, by the lateness of my calls to battle with the already dying-out scourge. Since that "long ago," I have continued mentally and practically in the study and use of chloroform. I have not kept a record of the internal doses given, but they were many, and not one regretted.

As a general analgesic and anesthetic I have administered it more than twenty thousand times with not a death, or collapse consequent. I say this not boastfully, but reverently, grateful to a Benign Providence seemingly attendant and helpful. I chose the method of administration since advised by Dr. Ellingwood in his inspired choice of terms directing its administration, and in his cautions, precedent and following. He knew nothing of my theories or methods. Quoting: "A few breaths of *dilute* chloroform vapor taken . . . will often produce great relief in confinement with no apparent effect upon the consciousness of the patient" (Ellingwood's *Materia Medica*

and Therapeutics, 6th ed., p. 137). When thus given, *method, method, method*, in *congestive chills* in aid of the internal medicines a second dose internally is seldom, if ever, required. *Thus given*, it is always safe, and as an aid invaluable.

Apropos of the present prevalence of pneumonia, and of the fact that when ushered in, or attended by a chill, not followed by diaphoresis, the disease runs a much longer course, if death does not early occur; should there not be much more attention paid to the chill and to its speedy abortment than there is under the prevalent treatment?

Should there not be a special care that blood dyscrasia always consequent upon congestion and shock be abated, counter-vailed. What better, first, last and all the time, as a general dysthetica, than specific echafolta, no matter what other medicines and methods are called for. (Vide Ellingwood's treatises, in his *Materia Medica and Therapeutics*, page 444, et seq., and *idem*. 705.)

I cannot conscientiously close this article without urging my readers not only to carefully study the book referred to, but to possess it themselves and absorb the entire work.

Its lore and methods have prolonged my life beyond the "three score years and ten" limit, and in obedience to ordinary courtesy and every-day gratitude, I can say no less.

LOBELIA INFLATA

W. LEMING, M. D., LEXINGTON, KENTUCKY

The original study made by The Eclectic League for Drug Research of the State of Kentucky, on the drug lobelia, confirms and suggests the following specific indications for its use:

1. A sense of dyspnea over the chest and heart.
2. A fulness and atonicity of tissue, doughyness.
3. Spasmodic and congestive conditions, local and general.
4. Cough, with or without glandular secretion, with above indications.

5. Shock to the vital forces; collapse (hypodermic use).

6. Toxæmias, diphtheria, membranous croup, tetanus (hypodermic use).

7. Nerve excitation; morphinism (hypodermic use).

Administered hypodermically, not one report mentioned nausea or emesis as a result, only a salutary stimulation of forces and strengthening of the pulse.

In diphtheria, Dr. G. T. Fuller, Kentucky, considers it a coming drug, equal to and safer than antitoxin.

Dr. W. P. Best, Indianapolis, reports its hypodermic use in a child three days old (premature) apparently dying; resuscitation and improvement were immediate, but death occurred later from inanition.

Given hypodermically in a severe case of quinsy, the pain was relieved and the patient asleep in twenty minutes, the first rest in several days.

Dr. Ralph Taylor, Ohio, considers it a nerve sedative hypodermically, safe and unproductive of emesis in any dose.

One doctor claims it is valuable in morphinism.

Dr. G. W. Holmes, Florida, gave one dram with veratrum viride night and morning, per rectum, in a child inoculated with tetanus, after chloral, bromides, and gelsemium had failed. Improvement was marked in twenty-four hours with gradual recovery.

Dr. V. A. Baker, Michigan, regards it by mouth as a great febrifuge, a panacea, useful in fever complications. He depends upon it in syphilis.

It did no good in a case of collapse after an operation for purulent appendicitis, but no nausea supervened.

It was successfully administered in a case of membranous croup.

Injections into inflamed inguinal buboes prevented suppuration in two or three instances, and limited the pus focus in the third. No nausea or after pain.

The pulse was strengthened and slowed for the time being in a case of tachycardia, effects from its continued use not being

determined. Ten-drop doses by mouth stimulated labor pains rather than nausea. Dr. J. J. Morrill, Kentucky, uses one dram to a pint of hot water as a local agent to the perineum in the second stage of labor.

All reports speak of its usefulness in congestive and spasmodic conditions of the heart and lungs, accompanied by pain and unpleasant sensations. Not one bad effect was reported from its use hypodermically.

The dose hypodermically ranged from ten to sixty drops; by mouth, one to sixty, as indicated.

PRURITUS HIEMALIS

DANIEL G. LASS, M. D., OCHEYEDAN, IOWA

Pruritus is a functional affection of the skin, having as its sole symptom, itching, burning or pricking sensations. The forms of pruritus are many, but I shall speak only of pruritus hiemalis, known as winter itch, frost itch, etc.

The treatment advised in most of the textbooks for this disease includes nearly everything in the *materia medica* both for internal and external use. All of the authors finally concluded in their statements that each individual case must be studied by itself.

I desire to present a case that I studied *a la Eclecticism*, showing how physicians who preceded me in the case, during many years, failed to study the symptom complex and therefore failed to cure the case.

Mrs. G., 53 years of age, mother of three boys, strong and vigorous, past the menopause, at which time and during the seventeen years which had past, she has suffered every winter, from the first frost in October until the May following, a most intolerable itching, a general pruritus.

During the warmer months of the year, she has been free from the disease. In that time she has employed a different physician each winter, with the results that the best they could do was to relieve her for perhaps half an hour at a time, by bathing with carbolated water, or some similar lotion.

So serious was the difficulty that it was impossible for her to attend to any social or religious duties, because of the necessity that seemed to be imperative for her to scratch, unless she would again bathe in carbolated water or apply a carbolated ointment.

This fall she came into my hands. I determined first that there was no diabetes, nor no albuminuria. She did not wear rough woolen garments, observed the laws of hygiene, was cleanly in every particular, temperate in all things, especially in her eating. There was no uterine trouble, and yet one would naturally think from the fact that the pruritus began when the menstruation ceased that the etiology of the condition might be uterine in character. She gave me the names of nearly one hundred different remedies that the different doctors had prescribed, which included most of the medicines mentioned by authors of diseases of the skin, besides external applications and a long list of soaps.

Aside from the pruritus, the patient felt exceedingly well, except that she was inclined to be a little nervous. After at least two hours spent in making a thorough examination, I simply threw the name pruritus to the four winds of heaven, and discovered that I had two specific conditions left, which seemed to me the ones that should receive specific treatment. The first was the exceedingly dry skin. This made a distinct impression upon my mind. The next was nervousness. For these two conditions I prescribed:

℞
Specific jaborandi drops 20
Specific scutellaria drs. 2
Water, q. s., to make ozs. 8

A tablespoonful before each meal and at bedtime. She took this medicine during the month of October, 1908, and from that time until the present, January 25, 1909, she has not had the least suggestion of a return of the trouble. She is at the present time entirely free from the itching, and attends church, lodge and all her other social duties.

I gave her no other medicine. I used nothing external, I made no change whatever in the diet or in the habits of life. I simply determined the two leading exact specific conditions, and applied to them the specific and exact Eclectic remedy which experience has taught us will cure such conditions, and by this method I cured my case of pruritus of seventeen years' standing.

ECHAFOLTA IN RENAL HEMORRHAGE

M. F. HALL, M. D., CLEARWATER, NEBRASKA

On November 5, 1908, Mr. S., aged 64 years, developed a case of hematuria. The quantity of urine was normal, acid in reaction, specific gravity 1024; it contained albumen, of course, as there was so much blood; it was indeed a decided hemorrhage, yet it does not require a very great amount of blood to give the normal urine passage quite a bloody appearance. At times it was a bright red as if fresh from the arterial capillaries; at others it was dark from standing in the bladder and ureters. The patient was up and around the house six or seven hours every day. The temperature was normal or one-half degree subnormal, pulse rate 68; at times up to 96. A close physical examination failed to find any lesions in the bladder, prostate or ureters, he did not complain of any pain except a dull ache in the kidneys, especially the left, and upon palpation the kidneys were found to be quite sensitive, especially the left being considerably so. The temporal veins stood out in bold relief, the head throbbing with every heart beat.

Concluding from these symptoms that I was dealing with a case of passive congestion of the kidney or kidneys and that the hemorrhage was a capillary oozing from the engorgement, I studied over the treatment. Ergot, being a remedy pre-eminently for congestion, was employed in substantial doses for seven days with no relief whatever. Belladonna, belonging to this class, was also tried several days, with no permanent benefit. Gelsemium was used for throbbing in the head and veratrum

to soften the bounding pulse, which was satisfactorily accomplished. About this time I wrote to Dr. Ellingwood for some suggestions, and being also desirous of further information, I sent a sample of urine to Dr. Crummer of Omaha for microscopical examination, which he said revealed considerable pus as well as blood; but no form of kidney elements could be recognized, to show that it might be of malignant origin.

Feeling now that I needed a harmless antiseptic for internal use and something which possessed astringent qualities as well, echafolta was immediately employed, as this remedy does have this effect in external contused or lacerated wounds and capillary stasis. I gave 18-drop doses every three hours during the first twelve hours. The improvement was phenomenal, within the next twelve hours the hemorrhage had entirely ceased, the patient being very grateful, after five weeks' duration of the difficulty.

One pleasant thing about this is that I tried several good remedies, alone and in combination, and that the echafolta alone accomplished desired results in twenty-four hours, not by its antiseptic qualities alone but by its effect on the congested capillaries as well. This remedy may be far more important in such cases than we think, and I will be glad to hear reports from readers of the THERAPEUTIST of any similar cases.

ICHTHYOL TO RESTRICT SUPPURATION

W. L. LANGFORD, M. D.

During the past year I have read in the THERAPEUTIST suggestions for the use of ichthyol to hasten the suppuration of boils, and I have used the remedy successfully for that purpose. This suggestion was the means of my using this remedy in the following interesting case of abscess of the liver.

Mrs. A. came to me with a two-year-old child, one of a pair of twins. She said the child had had fever for several days, which ran a little higher every second day. Several days previous the child had fallen

out of a wagon, striking the right side on the beam of a plow. For a few days then immediately passed, the child had had a diarrhea with a greenish discharge.

Upon examination, I found that the liver was slightly enlarged, was very sensitive to the touch and rather hard on pressure. For the fever, I gave aconite and bryonia. In addition I gave chionanthus and Fowler's solution, three times a day.

Fourteen days later I was called to see the baby again. For several days after taking the first medicine, the child was much better, but on the night previous to my call, it had slept not at all, and the fever and soreness were materially increased. Examination showed the liver area to be greatly inflamed. The child could scarcely bear the weight of the clothes or the least touch, but would lie upon the affected side.

In addition to the treatment, as above, which I continued, I took two strips of adhesive plaster, two inches wide, and six inches long, made a small cut or notch in one edge of each strip, about midway of the strip so that when they were placed side by side, they would make an inch hole in the center. Before applying these strips, I painted over the inflamed liver, an area about four inches in diameter, with a thick coat of ichthyol, leaving a small spot in the center. Over this I applied the plaster. I changed the plaster and reapplied the ichthyol every fifth day, making three changes in ten days.

On the thirteenth day I was again called. The skin had kept rising and protruding like a boil through the opening in the plaster until this morning, it had broken and pus was discharging very profusely. I enlarged the opening with a knife, and an examination with a probe showed the cavity to extend from the liver and to be almost as large as an ordinary teacup. I used an injection of echinacea and thuja, diluted, four times a day, into the cavity, and gave the child an iron tonic.

I saw the child today, twenty-one days since the opening of the abscess. It had

a healthy appearance, was gaining in flesh very satisfactorily, and the side has healed completely. I believe the ichthyol of important service in causing this abscess to discharge where I desired.

Afflictions are the medicine of the mind. If they are not toothsome, let it suffice that they are wholesome. It is not required in physic that it should please, but heal.—*Henshawe*.

TUBERCULOSIS

W. S. GORDON, M. D.

In the treatment of tuberculosis, and in fact in any chronic condition of wasting disease, the physician should see to it that the intestinal canal is kept free from hardened feces, and that the bowels move freely, easily and kindly once or twice a day. This result can be accomplished by directing that from thirty to sixty grains of the sulphate of magnesium be dissolved in half a teacupful of hot water, and drunk half an hour before breakfast, followed by another cup of either hot or cold water, as preferred.

For the purpose of keeping the skin in good active condition, dissolve an ounce of the sulphate of magnesium in a pint of water, and sponge the body, going over the entire surface three or four times in fifteen or twenty minutes. This will act somewhat as a laxative but more particularly as a stimulant to the skin, and will remove the cause of a great many little aches and pains which are commonly classed as rheumatic.

It is also advisable, in addition to the measures above suggested, to give the patient a good tonic, such as the hypophosphite of sodium and calcium compound. This will produce a gradual, but permanent improvement. It will produce a normal appetite, the night sweats will cease, and a general improvement will be plainly apparent.

Pledge to no parties, arbitrary sway,
We follow truth where'er she leads the way,
As a solid rock is not shaken by the wind,
So a wise man falters not, amidst praise or blame.
Man, what is this, and why art thou despairing,
God shall forgive thee all but thy despair.
—*Myers*.

Letters

AN ANTIDOTE TO MALARIAL AND YELLOW FEVER INFECTION

Editor Ellingwood's Therapeutist:

I ask your pardon for being so dilatory in sending my therapeutic fact. I find a great many good things in your journal, and take pleasure in extending my best wishes to you for its prosperity in the future. I have long been a reader of medical articles from your pen and always with profit to me, but have never given back anything except the dollars I have sent you for subscriptions. I apologize for this also.

I have been a reader of medical journals since 1854. Since 1865 they have been a continued post-graduate school to me in therapeutics, and in keeping me in close touch with the rise and progress of medicine during the last half century. Notwithstanding this fact, you will doubtless smile when I tell you that during this long professional career you are the first man that has been able to draw out my effort in writing for a medical journal; to send in even one therapeutic fact. This is my very first effort.

Chloroform Solution of Menthol

As an immediate and effectual antidote to the bite of poisonous insects, and especially to the mosquito bite, to prevent its infecting the system, I have great confidence in the following:

R

Menthol drs. 2

Chloroform oz. 1

Mix. Sig. Apply into and over the wound as soon as possible after being bitten, and repeat the application every ten or fifteen minutes, for a short time.

Some twelve or fifteen years ago, I was bitten by a mosquito on my left thumb, the bite causing at once most severe pain, as though the thumb had been pierced through with a sharp knife. In the watch pocket

of my vest, I had an ounce bottle of the above solution. I immediately bathed the wound with this, rubbing it in freely. It was not ten seconds until all the pain had ceased. This bite never gave me any further trouble, and from that day to this, I have used this combination for poisonous insect bites with complete success.

I always carry this vial in my vest pocket for emergencies. I believe this of special value since we have learned that the mosquito bite carries infectious disease, such as malaria and yellow fever. I believe the infected material is destroyed and the bite is rendered innocuous if the application is made promptly. I believe the combination of rare merit and great power in these cases if applied at once. I send this up for you to pass on through THE THERAPEUTIST to the medical profession at large, especially to those in yellow fever and malarial districts, for further experimentation, and for the benefit of scientific research.

WM. HILL, M. D.

COMMENT: We have not as yet considered the importance of treating these bites to prevent the development of the infection as we would at once treat an infected wound or the bite of a rabid dog, and the doctor's suggestion is perhaps the first in this very important field. Malarial manifestations are readily induced in this climate by mosquito bites, and in any location an efficient antidote ready of application will prove of immense value.

IMPROVEMENT IN METHOD

Editor Ellingwood's Therapeutist:

At the beginning of this another year I am trying to decide whether I am improving or not in my methods of practice as the years go by. In my own practice within the last sixteen years, there have some changes and improvements which I consider very important. I have grown into the practice of prescribing single remedies for exact conditions. I remember years ago, when the traveling salesman for some drug house called, I would order compound cough mixtures, compound tonics, and compounds of other kinds, and would not succeed in collecting enough money from the medicine to pay for the order, before

he would call again. The bills would increase faster than the cash came in to pay them. Often there would be an accumulation of these remedies that would be a dead loss to me.

Later I began to study each case with reference to the exact factors present, and to prescribe only that remedy or those remedies which were plainly indicated. This course has proved in every way the most satisfactory. I could give the histories of many cases that would prove the benefits of this course.

In a case of albuminuria a man thirty years of age, who had long complained of feeling languid and weary, with persistent weakness of the back, I prescribed calcium phosphate, 3x, and with the persistent use of this remedy for three months, the albumin gradually disappeared from the urine and the patient made a satisfactory recovery. This was perhaps five years ago, and there has been no return of the symptoms.

Another case, similar in some particulars, was that of a boy of 15, who three years ago was brought to my office with face bloated, limbs swollen, appetite poor, and generally debilitated. There was a very large quantity of albumen in the urine. I put this patient upon the same treatment as the above, and within a very few weeks the characteristic symptoms had all disappeared, and in a short time longer he was apparently well, and has so remained.

I am interested in the articles on the use of lobelia hypodermically. I shall be glad to see more of them, though there has not been a case of diphtheria come under my observation in this locality for years.

B. L. GORDON, M. D.

COMMENT: It looks as if the discovery of the powerful stimulant and restorative influence of lobelia in collapse or when everything else has failed and death is imminent, will prove to be as important as its use in diphtheria. In the above influence it seems to be wider in its action than any remedy or combination we now have access to.

There is but one thing needful—to possess God.
But for any wish thou dar'st not pray,
Then pray to God to cast that wish away.

—Coleridge.

INVERSION IN CHLOROFORM ASPHYXIA-TION

Editor Ellingwood's Therapeutist:

Upon reading an article in the last number of *THE THERAPEUTIST* on the serious results of anesthesia, I recalled the following case: Thirty years ago, I read in a medical journal the account of a method for the restoration of patients overcome by chloroform, which consisted of the physician or attendant taking the man by the feet and with the man's knees flexed over his shoulders, the attendant and the patient back to back, the patient's head downward, effort was made to cause the blood to gravitate in full quantity to the brain, thus stimulating the pneumogastric nerve, inducing a return of the respiration and heart action and restoring the patient to life.

It was but a few days after reading this, when this matter was still in my mind (this was at a time when we knew much less about chloroform anesthesia and its dangers than we do now), that I was called by a dentist to administer chloroform to a lady about thirty years of age, while he should extract some teeth. I administered the chloroform with great care, and the patient took it well at first, but just at the time when I thought her ready for the extraction, her face blanched, the breathing and pulse stopped, and to all appearance she was dead.

Recalling the method I had read of a few days before, we took her immediately from the chair, laid her upon the sofa, well to the bottom, with her feet fastened to that end. We then stood the sofa upon end, thus inverting the patient. The dentist held the sofa and patient in position, and I watched for results, frequently applying to her nostrils the carbonate of ammonium from a bottle. Finally, in less than five minutes, a red spot formed on her left cheek. That was the first sign of returning life. After a few seconds she gasped for breath, and very soon the breathing and pulse returned regularly. We lowered the sofa slowly, but there was no return of the dangerous symptoms. The nausea and

vomiting were extreme for two hours. The recovery was very rapid.

A LITHEMIC CASE

Editor Ellingwood's Therapist:

I have under treatment a man from 45 to 50 years of age. The only symptom of disease he said he noticed was just a little backache, occasionally. He said he felt well, slept and ate fine, but from this backache, which was present only occasionally, he wondered if there was anything wrong.

I had him measure the amount of urine passed in twenty-four hours, and upon examination I found that he passed three pints of urine with a specific gravity of 1035, it was slightly acid in reaction. When passed the color was normal, but when cold, it looked like coffee with considerable milk in it. On warming it, this would quickly clear up, and assume a normal color. There was no albumen, but I obtained a slight reaction for sugar.

Now after having had the patient under treatment for some time, this reaction is gradually becoming less, but the specific gravity varies from 1028 to 1030, although the urine now remains clear, when it is cold. The odor is normal. Everything now seems to be about normal, except the specific gravity. Is this an incipient case of diabetes mellitus, or what is it?

The tongue is very broad, but of normal color, though perhaps at times a little pallid; somewhat toothmarked. The skin is somewhat sallow, appetite is good, patient sleeps well. The bowels are regular. I gave the following prescription, and so far it has seemed to be a good one:

R
 Nux vomica drops 15
 Hydrastis dr. $\frac{1}{2}$
 Pulsatilla dr. $\frac{1}{2}$
 Kava kava drs. 4
 Phytolacca dr. 1
 Glycerin oz. $\frac{1}{2}$
 Water, q. s. ad.....ozs. 4

Give a teaspoonful before each meal and at bedtime, in one-third of a glass of water.

The condition of the tongue seemed to indicate the nux and hydrastis. I gave the pulsatilla for its influence on the sugar. The other two remedies were given for their diuretic influence, and for their influence upon the glandular structure. The only change I have made in the diet was to cut out all sweets.

F. A. H.

COMMENT: Replying to the above query, this is probably one of those cases in which an extreme lithemic condition will induce a reaction similar to that of sugar, although it is not impossible that there was a little sugar temporarily present; however, it is certainly not an incipient case of diabetes. The backache is common to lithemic patients, where a large quantity of solids to a small quantity of water are passing through the kidney structures. The color of seasoned coffee is characteristic of urine in which the urates, especially sodium urate, with an excess of uric acid are precipitated on cooling. These remain in solution in urine at the body temperature. If there was diabetes there would be an increased quantity of water.

In the treatment of these cases it is necessary to discontinue all nitrogenous food, for a short period, usually tea and coffee, and always alcohol and tobacco. A vegetable diet, and the very free ingestion of water at the time when digestion has been completed, will soon give evidences of improvement. If medicine is then necessary, macrotyls and gelsemium in proper doses and one grain of the acetate of potassium four or five times a day will bring about good results in a short time if no sugar is present. In my cases the reaction for sugar has disappeared with the excess of urates. The doctor's prescription, although but mildly indicated, should, if prescribed, be divided. The first two remedies given after meals, and the remainder, if given at all, before meals.

A COMBINATION OF GELSEMIUM AND MORPHINE

Editor Ellingwood's Therapist:

I have made a combination of gelsemium and morphine in certain conditions and I have found it exceedingly valuable. I combine one grain of morphine with four drams of specific gelsemium. To arrest premature labor pains, this combination has no equal. I give it in doses of from ten to fifteen drops, and repeat it every hour or two hours, until the patient is resting easily and comfortably.

In certain forms of lumbago, where the muscles are swollen and sensitive, and where the patient cannot bear to be moved, I have

never found anything equal to this combination. I give it here in doses of from ten to twenty drops, repeated every hour or two, provided, of course, that gelsemium is not contraindicated, which usually is not the case.

In prostatitis in old men, complicated with spasmodic stricture where a catheter cannot be introduced, this combination, given from ten to twenty drops every hour, will soon relieve the condition, and the catheter can be introduced with all ease. Recently I had a patient under treatment, a man 75 years of age, who took fifteen drops of this combination every hour for six hours, making ninety drops in all of the gelsemium and three-tenths of a grain of morphine. When the stricture became relaxed, and the urine was readily drawn off. No unpleasant effects followed.

It should be borne in mind that gelsemium is a powerful drug, and the well known influence of morphine makes this an active combination, quieting the motor nerves, and relaxing muscular spasm. It is useful in many conditions. It has something of an anesthetic effect, making the patient feel comfortable and pleasant.

In treating lumbago, we frequently find that the patient was taken suddenly with a sharp stitch in the back, so severe that he had to be helped into bed; he cannot move without great pain. Ordinary treatment does but little good in such cases, but if twenty drops of specific gelsemium and one-sixth of a grain of morphine be given in combination, repeating the dose every two hours, until the patient is relieved, a quick and satisfactory cure results. The patient will often be up the next day.

F. W. OWEN, M. D.

Lamasco, Texas.

COMMENT: A number of our writers advise gelsemium for the same conditions advised by Dr. Owen, but seldom, however, in as large doses. Personally, I have avoided combining gelsemium with morphine. In many particulars their action is harmonious, and I am convinced that the doctor is perfectly correct in stating that this combination overcomes pain quickly. It seems to me reasonable to believe that there is pain from neuralgic conditions, from nerve irritation, and from spasms, where both an antispasmodic, as gel-

semium, and a pain-relieving remedy, as morphine will work better together than either will alone.

I give morphine in combination with a bromide, and obtain splendid results, just as the doctor claims he obtains from very small doses of morphine with gelsemium. I trust that others will give us the reports of their observations from this combination. I am satisfied that there are conditions of feebleness, where this combination could be given with perfect safety, if combined with capsicum or some other similar stimulant, or with cactus to support the heart. There are some of our readers who will consider this dose of gelsemium very large. We are all learning that we have been giving gelsemium in doses too small to obtain the best results, and as any unpleasant effect is quickly announced, we are justified in pushing it strongly in many cases.

DIAGNOSIS OR THERAPEUTICS

In our study of therapeutics we may arrive at a point, where we can truly claim to be specialists in therapeutics. Dr. Abbott, in *The American Journal of Clinical Medicine*, reproduced the following item from *The Journal of Therapeutics and Dietetics*:

"In this day of specialism, in all the various branches of human work, there is a crying need that more of the medical fraternity fit themselves to become therapeutic specialists. A number of years ago the writer took a patient to a leading specialist in a large eastern city. We spent an hour together going over the case and fixed the diagnosis to the satisfaction of all concerned. Then I said to the specialist, 'What are we going to do about it?' The great specialist threw up his hands and exclaimed, 'Good Heavens, I have not thought of treatment for the last fifteen years.' I said to him, 'This patient has come five hundred miles not to get a diagnosis, but to be cured. Can you make me no suggestions whatever in the treatment of this case?' He could not. That was entirely out of his line. He was a diagnostician."

It is almost impossible to conceive a condition existing among us similar to the one described, and yet a therapeutic specialist at this day and age of the world is a rarity indeed, at a time when such are greatly needed. I say, let there be more therapeutic specialists.

Therapeutic Facts

Local Treatment of Hemorrhoids

For the local treatment of piles, where there is swelling with ulceration and often extreme itching, the following application will be found a satisfactory one.

R_x

Fluid ext. stramonium.....drs. 1½
Balsam of Peru..... dr. 1
Carbolic acid drops 20
Castor oil, q. s. ozs. 4

Mix. Apply the above warm over the entire inflamed area, both internal and external, as demanded.

C. L. HUDSON, M. D.

Pain and Smothering in the Heart

There is present often in very fleshy people, a pain just above the heart which is accompanied with a smothering sensation and considerable anxiety. If the pulse is above normal, give 40 drops of specific lobelia, and repeat the dose if necessary in thirty or forty minutes. In some cases the addition of the same amount of aromatic spirits of ammonia will cause the lobelia to act much better, and especially if the pulse is a trifle weak or irregular. These are facts that I have demonstrated many times in my practice.

C. L. HUDSON, M. D.

The Throat Tickling

In the January THERAPEUTIST, p. 26, one doctor makes reference to my article in the October THERAPEUTIST, p. 309, and offers a very sarcastic criticism on my suggestion to allow medicine to trickle down the throat.

The writer has in a few instances heard the laity call everything between the chin and the knees "the stomach," but this is his first time to have any one who posed as a physiologist, anatomist and physician,

to intimate that everything from stem to stern was the throat.

Gray's Anatomy, p. 950, 1897 edition, says, "At the back of the mouth is seen the isthmus of the fauces, or as it is popularly called, 'the throat.' This is the space between the pillars of the fauces on either side, and is the means by which the mouth communicates with the pharynx."

Now if this wise doctor will take just a little of his brotherly advice home to himself and dig up his own anatomy text and learn that the throat is the "means by which the mouth communicates with the pharynx," he will not need to stand on his head to learn how to trickle without closing the pharynx. In fact it is such a simple fact that most three- or four-year-old children accomplish it without the least difficulty.

W. H. YOUNG, M. D.

Herpes Zoster

In treatment of herpes zoster, in perhaps over a hundred trials, zinc phosphide, in doses of 1-8 grain every three hours, did not once fail to cure. I call this almost a specific.

G. C. HORNE, M. D.

COMMENT: But little is written in our medical journals concerning the treatment of this disorder. It sometimes proves intractable, and always demands careful management. In some cases the patients becomes greatly prostrated, and there is more or less weakness of the nervous system, bordering on neurasthenia. It is probably this condition that is materially improved by the phosphide. Any physician having an experience similar to that of Dr. Horne, should report it through this journal.

Abortion of Pneumonia

I believe that pneumonia can be aborted about nine times out of ten. My way of doing it is to give aconitine and digitalin, and to push them to effect, and to thoroughly cleanse the gastro-intestinal tract with calomel and podophyllin.

W. HERINGTON, M. D.

COMMENT: For the coming year, I purpose making a stronger fight for *exactness* in writing, on the part of our contributors, than I have previously made. The doctor's method above, while popular with those who use it, and often advised, is stated in a very general manner. There is hardly any one acute disease that can present such a

variety of manifestations as pneumonia, and to lay down a single course of treatment as a hard and fast method, is the rock that has wrecked the study of therapeutics for the last hundred years. There is undoubtedly a certain class of cases in which this method would be good, and the manifestations of *this class* should be presented in careful detail.

Some Clinical Suggestions

The following are a few facts proven thoroughly in my own experience; you may use them as you think best.

For a local application in erysipelas, I depend upon the tincture of veratrum.

As a general application in disease of the skin, I dissolve an ounce of sulphate of magnesium and a dram of carbolic acid in a pint of water, and apply this freely.

For the cure of lumbago, I use the sinusoidal current; it has proven curative in a very short time in all my cases.

In the treatment of menstrual colic, I have relieved the pain more quickly with the use of the violet light, even, than with morphine.

C. M. DEEM, M. D.

Conjunctivitis

In the treatment of conjunctivitis, I have found that ichthyol in a from one-half to one per cent solution with or without boric acid gives quicker results than anything else I have used. I instill a few drops into the eye every three or four hours. If the congestion is very severe, I first use a few instillations of adrenalin chloride, in the one, two or three thousandth solution. This treatment will give quick relief, and will hasten a cure.

L. M. WRIGHT, M. D.

My First Use of Lobelia Hypodermically

The case was that of catarrhal pneumonia in a weakly infant, four months old. So severe was the case that on the fourth day the pulse could not be numerated; the respirations were 50, temperature 104° F.; sleep impossible, because of the constant cough; the head was rolled from side to side continually; the face was blanched and expressionless, the end certainly seemed to be near.

At three o'clock a. m. I injected ten drops of lobelia, over the short ribs; at six a. m. I injected fifteen drops; at noon, 25 drops. At six p. m. the respiration was 35, pulse 100. Temperature 100.5° F., the cough was very much less. The child was sleeping quietly, no emesis, nor even an indication of nausea. This to me was very surprising, as was the total satisfactory result, as I certainly expected the babe to die.

J. M. WELLS, M. D.

Spasm of the Glottis

For the cure of spasm of the glottis when caused by eructations from the stomach, I have found the following prescription to be satisfactory. It is necessary that the underlying conditions in the stomach be entirely removed. At the same time, an antispasmodic must be given to relieve the existing conditions, which are in themselves very distressing:

R

Specific hydrastis dr. 1

Specific gelsemium dr. 1

Specific collinsonia drs. 2

Specific lappa drs. 4

Elixir, q. s. ozs. 4

Mix. Sig. Take a teaspoonful after each meal and at bedtime.

W. W. FRASER, M. D.

Appendicitis

During the course of an attack of appendicitis, I advise that the patient have absolutely no food by the mouth, until the temperature and pulse are about normal. My experience teaches me that no cathartics which will disturb the parts which we seek to put to rest, should be given after the intestinal canal is once properly cleansed.

E. L. HOBSON, M. D.

Powder Marks

In reply to the request presented by Dr. T. J. West, in the January number, for a method which will remove powder stains from the face, I advise the use of the following: Scrape a cake of castile soap, and

mix the scrapings thoroughly with an equal part of antiphlogistine. Apply this about one-fourth of an inch thick. Renew this dressing each day, as needed. This can be used in the form of a mask if desired.

C. S. GRABIN, M. D.

Warts

My sure cure for warts is to apply fuming nitric acid from the end of a toothpick once a day. By this method small warts are effectually removed in two or three days, and larger ones in five or six days. While this method is severe, it is very effectual. I removed fifty-four warts from one hand by this course, and there was not a sign of a scar remained.

W. J. KIDD, M. D.

To Stiffen Surgical Dressings

Take celluloid collars and cuffs that have been worn out and discarded, put them in a stoppered jar and pour on a little ether. This will dissolve them completely. This solution, which should be kept closely stoppered, will be found of excellent service to apply to bandages, with which to stiffen them. It should be painted on to the bandages by means of a brush.

W. J. KIDD, M. D.

COMMENT: I wish the doctor had been a little more explicit in telling us whether the liquid should be applied to each layer as the bandages are applied, or to the whole after the entire bandage is on, or why could not the bandage be soaked in the solution and so applied. This solution will be found to be very combustible, and must be kept from fire.

Kava Kava for Pruritus

I have not previously considered that I was able to contribute to the pages of the THERAPEUTIST any fact that would be of value to other physicians, but after reading some of the very practical "little things" from the experiences of others of the family, I began to realize that it is these little things that help the physician and help to make this journal valuable, so I herewith contribute my mite.

I had a case of incontinence of urine in a middle-aged woman, which I treated successfully with internal medicine, all but an

intolerable itching of the vulva, which was not controlled. When she asked for relief from this, I reasoned a little from the standpoint of the physiological action of the drugs, and mixed one part of specific piper methysticum with two parts of glycerin, and this I applied to the parts with the finger, and in the vagina on a pledget of cotton. The result was almost instant relief. Later, used in a similar case, it gave relief in the same satisfactory manner.

In a case of itching of the meatus and deep parts in a diabetic female, I obtained just as good results. I do not know whether this is a new use for this drug or not, but it was new to me, and it worked so satisfactorily in these cases that I am convinced that it will work equally well in other cases of itching, and especially in itching piles.

I wish the editor and his journal every success possible.

W. W. CLEARY, M. D.

COMMENT: The treatment of the various forms of pruritis, especially those of the vulva and anus, are often intractable to common measures. The use of kava kava for this purpose has not, to my knowledge, been previously suggested; perhaps the doctor has made an important discovery. I have opportunities to make immediate observation of the action of this remedy and will report later on. I trust others will do the same.

Cold Extremities

A patient who is troubled with cold feet should take a hot foot and leg bath, up to the knees, for ten minutes before going to bed. On taking the feet out of the bath, he should have some one immediately pour a gallon of cold water slowly over the feet and legs from the knees down. He should then put on a dry pair of stockings without wiping the feet or legs and should get into bed and cover up warmly. The feet will soon feel as if held close to a warm stove, and after two or three repetitions the patient will enjoy this foot bath exceedingly well.

It will be a sorry time for the doctors when people will learn to keep the bowels free from accumulation; the skin normally active; the feet warm. The white plague and other plagues will then be shorn of their terrors.

W. S. GORDON, M. D.

Diagnosis

POINTS IN DIAGNOSIS

Swelling under the eyes, greyish white or waxy color of the skin, denote granular disease of the kidneys.

Swelling of the labia, on one or both sides, will accompany inflammation of the kidneys.

Carbuncles on the shoulders, or scapular region, are frequent accompaniments of diabetes.

Pain referred to the meatus urinarius is sure to be the result of cystitis, prostatitis or nephritis.

Pruritus of the anus will be the only evidence, often, of disease of the prostate.

Sciatic neuralgia often depends, in females, on inflammation of the ovary, in men, on irritation of lumbar or sacral nerves.

Pain in the heels, in females, may be the only evidence of ovarian abscess, while pain and swelling in the mammæ will evince some trouble in the same side of the uterus or fallopian tube.

An affection of the sensory nerves of the outside of the thighs in the male is an evidence of irritation in the spermatic ducts, or in the vesiculæ seminales. This area may be exquisitely sensitive—hyperesthetic—or it may be anesthetic and cold.

Severe occipital headache is almost invariably accompanied with an extreme output of the phosphates in the urine. I have not yet found an exception.

THE SYMPTOMATOLOGY AND DIAGNOSIS OF THE ENLARGED PROSTATE

H. M. CHRISTIAN, M. D.

Clinically speaking, I believe that the cases of enlargement of the prostate that are forced to consult the physician will be found in one of the following classes:

1. Prostate moderately enlarged; some increased urinary frequency; nocturnal and

diurnal; little or no residual urine; urine sterile.

2. Prostate decidedly enlarged; marked increased urinary frequency; two to four ounces of residual urine; urine sterile.

3. Same condition as just described, with a more or less infected bladder.

4. Enlargement with chronic retention either complete or with overflow.

5. Marked enlargement with large amount of residual urine; atony of bladder and chronic cystitis, causing frequent and painful urination both night and day.

1. Increased urinary frequency, chiefly nocturnal in character, is the earliest and most frequently encountered symptom of the affection. There can be no doubt that many cases of hypertrophied prostate never develop beyond this point. Just what percentage of old men are living useful and comfortable lives, save for the fact that they are compelled to rise two or three times at night to urinate, it is almost impossible to estimate.

In many patients enlargement of the prostate never causes any but these slight symptoms of increased urinary frequency. Deaver states that about seven per cent of prostatiques are forced to seek the aid of a physician.

Many, I believe, live their lives through without the knowledge of the existence of a prostate gland, the nocturnal urinations being performed in an automatic manner and hardly, in most cases, disturbing their sleep. In the early stages of hypertrophied prostate, where there is little or no residual urine, the increased urinary frequency is in all probability due to the intense hyperemia and hyperesthesia of the posterior urethra, and the mucous membrane of the trigone of the bladder, due, in large part, to mechanical obstruction.

It has always been supposed that these factors are more in evidence when the patient is in the recumbent position, owing to the force of gravity, hence, the well-recognized significance of nocturnal urinary frequency as a symptom of prostatic enlargement. I am not so sure that this is

a convincing explanation of a well known clinical phenomenon.

2. Difficulty in starting the stream is a common symptom, many patients stating that the only satisfactory act of urination that they have is that obtained in the morning at the usual stool. It is easy to understand why this should be so. In the normal act of urination, at such time as the bladder becomes full, the posterior urethra dilates and for the time being becomes part of the bladder itself. This condition of affairs cannot of course obtain where the posterior urethra is bound down hand and foot by a prostatic overgrowth. The character of the stream is very much altered. There is inability to project the stream from the body, i. e., there is loss of the so-called parabolic curve. Along with this is persistent dribbling after urination, a most annoying symptom, I find, to men of a temperamental mind, as the persistent and increasing staining of their trouser flies is only another forcible evidence of the passing of time.

This dribbling, of course, is a mechanical proposition and is due to the inability of the bladder, owing to the resistance at its neck, to empty itself promptly. As pointed out by Mansen Moulin, the voluntary muscles dealing with the act of urination are not at fault, but the bladder, as a matter of fact, is unable to pass the urine along into their hands.

3. Complete or partial retention of urine. Incontinence of urine with retention.

Where retention of urine depends upon the presence of an enlarged prostate it will occur in one of two forms, viz.: (1) acute complete retention; (2) chronic incomplete retention.

In the first variety the retention occurs suddenly, and is complete—no urine being voided. The patient is seized with the attack in the midst of apparently perfect health, after exposure to cold or damp; or perhaps after excessive drinking of gin or whisky.

Constipation is not an unusual occurrence, and is an important factor in these cases.

Examination of the rectum will show in all instances marked enlargement of the prostate, but the gland will feel soft, as if very considerably congested. In fact, acute complete retention occurs most frequently in those cases where the hypertrophy is of the glandular or soft variety, such a prostate being especially prone to congestion, as a result of exposure to cold, intemperance or constipation.

In the second form, that of chronic incomplete retention, the retention does not occur suddenly, nor is it complete, the patient being able to pass some little urine, but in small quantities at frequent intervals.

The causes operating to bring about chronic retention are (1) gradually increasing obstruction to flow of urine produced by growth of the gland, and (2) corresponding loss of power in the detrusor muscles of the bladder, with consequent inability to empty the bladder, the result being the gradual accumulation in the bladder of residual urine. As this residuum increases in amount the atony of the muscular coat of the bladder becomes more and more marked until finally all power to expel the urine being lost, the bladder overflows and there results a constant dribbling of urine, the condition known as the incontinence of retention.

Regarding chronic infection of the bladder there is little to be said save that it is the sword of Damocles hanging over the head of every man with enlargement of the prostate gland.

There is, of course, here the large and potent element of immunity. Many cases, of course, go through their lives without any infection, and I might remark right here that it is not the size of the hypertrophy that determines a prostatic's health and happiness as much as the question as to whether his bladder is or is not infected. The man with a fairly high degree of hypertrophied prostate is capable of leading a fairly comfortable and useful life, so long as his bladder remains free from infection.

Diagnosis.—It would not seem as if the diagnosis of enlargement of the prostate

should prove to be a very difficult matter. When a man over sixty complains of nocturnal and diurnal frequency of urination, with difficulty in starting the stream and with considerable dribbling and loss of force in projecting the stream, one is almost of necessity led to the conclusion that he is dealing with a case of hypertrophical prostate. A physical examination will determine the true character of the case.

There is, in the first place, the examination by the rectum. This will, in a majority of cases, not only show approximately the amount of the enlargement, but also its character, whether it is small and hard or large and soft. In this connection, it must be borne in mind that many cases exhibiting most active symptoms of urinary obstruction fail to show any or but little enlargement upon rectal examination. In these cases we are probably dealing with an intra-vesical projection of the so-called middle lobe. Here the length of the urethra along with the determination of the residual urine, if any, becomes an important factor. The examination of the rectum with the left forefinger while a stone searcher is held in an inverted position against the prostate with the right hand, gives a most excellent method of determining both the urethral length and also the thickness and general character of the hypertrophy.

While it is a well known fact that stone in the bladder is often found associated with enlargement of the prostate the physical signs and symptoms presented by the two diseases are so dissimilar that I can hardly consider the possibility of their being confounded.

In calculus there is pain connected with the urinary act; in addition to this there is hematuria, there is no failure in the force of the stream and the frequency of urination is greatest during the day time and is increased by motion.

The diagnosis between benign enlargement of the prostate and malignant disease of that organ is often a most difficult if not impossible question to decide prior to operative procedure.

Possibly the impression received by digital examination through the rectum should be of some aid. As a general rule I think that it can be stated that in malignant disease the prostate is somewhat irregular in contour and of stony hardness—a condition rarely met with in the non-malignant enlargement. Hematuria is a most common symptom and what I have noted in the two or three cases I have encountered is an obstinate sciatica, extending along the whole length of the nerve.

DIAGNOSIS OF SCROTAL TUMORS

In the diagnosis of scrotal tumors, bear in mind that hernia is sausage shaped; hydrocele is pear shaped, hematocele is globular, sarcocele and varicocele are irregular in shape. All are dull on percussion, except hernia of the intestine, which is resonant, omental hernia is dull. All are opaque, except hydrocele, which is translucent. Reducible hernia and large varicocele receive an impulse in coughing, and yield to pressure, the other varieties do not. Hernia and hematocele come on suddenly. The others are of slow development.

Pneumonia may occur in infants without any cough. The rapid breathing and a little catch in the inspiration are diagnostic indications that should never be overlooked.

In all cases of spasmodic croup be on the lookout for bronchitis as a sequel, especially if the attack be preceded by a hoarse cough.

Probably the larger proportion of uterine displacement and pelvic disorders take their start from childbirth. I am confident that there is not care enough taken of patients during the first month subsequent to labor.

The one-hundredth of a grain of hyosine, in the delirium of typhoid, if wild and furious, will act as a specific in its soothing influence.

Ellingwood's Therapist

A monthly journal devoted to the study of the most direct action of drugs upon exact conditions of disease; issued on the 15th of each month.

Edited and published by FINLEY ELLINGWOOD, M. D., 100 State Street, Chicago.

Subscriptions, \$1.00 per year in advance and One Therapeutic Fact, which should be sent with the subscription.

Editorials

Personal interest, persistence, patience, close observation of precise conditions; close attention to the smallest detail; exactness and finally individual co-operation are all terms that carry their full weight in this important scheme of ours in determining and perfecting an exact knowledge of drug action upon exact conditions of disease.

Hitherto, "We have only been gathering shells on the shore. The great ocean of therapeutic truth lies yet unexplored before us."

Never was this work so important as now. Never has the demand for these truths been so great. Never has there been such a universal searching after this knowledge. The occasion is ours. The opportunity is your own, doctor. Are you awake to the importance of it? Will you improve it? Will you do your part faithfully?

Procrastination, doctor, is liable at this moment, to do you a serious injury, provided you are one of the few who have not yet responded to the letter I wrote a short time ago, notifying you that I could not continue this journal to you throughout the year unless you ordered it. If you answered the letter promptly, you are safe. You can yet be saved by writing me at once ordering this journal continued.

I wish I could show you the magnificent letters I have received from some of the best physicians in the United States, of all schools, commending the plan of this journal and insisting on being entered among those who are anxious to give every possible encouragement to *so important a work* as this. You have been one with us, doctor, don't fail to continue. Let me hear from you at once.

A LEAGUE FOR DRUG RESEARCH

The State Medical Society of Kentucky have established a plan of drug study which involved an operation of the action of each drug, with reference to a confirmation of the specific indications, as now understood; or to the proving of new indications for old remedies; or an original proving of

new remedies. Each doctor sends his report to the secretary, who arranges them in order, and sends them to the different medical journals for publication. On page 88 is their first report. This is upon the action of lobelia.

This is an important work on the part of the society and I sincerely hope every society will take up the work in the same manner. They call themselves "The Eclectic League for Drug Research." There is such a general inquiry on the part of the old school now for the facts that we have proven, that every member of each society should make a renewed effort to confirm all of our past provings.

OBSTETRICAL TRAINING AND OBSTETRICAL METHODS

Thoroughness in training, in obstetrical matters, was never more essential than at the present time. But some of we old "mossbacks" are inclined to think that the younger generation are sticking too closely to appearances in some particulars, are being guided by scientific (so-called) theories and are forgetting some of the practical essentials. Those of us who have attended from 1,500 to 2,500 cases of confinement have kept ourselves strictly clean, but have conserved the natural forces of our patients and have tried to work in harmony with natural conditions, and yet have perhaps lost no mothers or maybe one, and have had not to exceed two cases of puerperal fever, if any. We are inclined to think that some of the extreme measures that are now advocated, and the scares that have been made of the extreme danger of sepsis, are not always justifiable.

The practice of using vaginal douches before birth, always useless and often injurious, is not now considered necessary. That is one fortunate return to the methods of the fathers. The routine practice of vaginal douches in every case has had several shocks and many physicians consider the common sense course of using douches when they are indicated as the most justifiable.



I have had a good many reports from a great many obstetricians, who considered four hours of labor from the beginning—from the first pain—a protracted labor, and have felt impelled, from the teachings they had received, to apply forceps at that time and deliver the patient, when a normal labor was not yet well under way. The shock, laceration, hemorrhages, subsequent depression, protracted convalescence, and serious chronic and often incurable uterine troubles, or subsequent surgical operations, protracted ill health, all leave their permanent impression upon the patient, and are all chargeable to misconduct on the part of the inexperienced and to improper teachings, after the manner of the highly scientific.

I especially raise my voice against the absolutely unnecessary exposure of patients. A physician who from his first experience has been taught to make his examinations under cover, and has educated himself to depend upon sensation and the feel, becomes more expert than one ever can who uses his eyes or his eyes and fingers conjunctly. Acuteness of sensibility develops rapidly, and facility of observation is widened as the acuteness develops.

At one time under my observation the attending physicians declared that it would be absolutely impossible to apply the forceps, in a protracted and severe case in hand. An advocate of the other method was called in, and found the patient shivering from protracted exposure, and in great agony. He covered her up warmly, made his examination, and applied the forceps under cover, extracted the child, and passed out of the door on his way home just twenty minutes after entering the house, with no accident whatever to the patient and no exposure.

Many patients dread the exposure, and the coarse, rough handling, with no regard whatever to her feelings, as the most serious part of the labor.

A few years ago, this subject was being discussed in the current periodicals, with

a great deal of feeling on both sides, and very radical views concerning the use of forceps, inter-vaginal injections, and the making of various inspections, measurements and scientific observations on each patient. Dr. Corsen, the Nestor of the profession in Pennsylvania—above 80 years of age—wrote a very telling article, giving his experience in the attendance of 3,000 confinements with not a single case of puerperal fever, with less than half a dozen cases of postpartum hemorrhage, and with having used the forceps in the entire number of cases less than twenty times, all this with absolute cleanliness, with the exercise of careful judgment, but without any antiseptics whatever.

In this article, which was read before a session of the American Medical Association, the old doctor said:

"In 1863 I published a history of 2337 cases of confinement, afterwards swelled to 3,036, in each while in profound ignorance of disease germs, and the possibility of carrying infection in my clothes or in the dirt, when there was any, under my finger nails, I commonly went from a house where patients were suffering from now-called infectious disease, to patients in confinement, and never once in sixty years carried an infectious disease. I feel that I might rest my case here. But I will add the experience of some well known experienced physicians of my time.

"Dr. Traill Greene, when asked by me concerning the dreaded puerperal fever, replied, 'I have been happy in fifty years to have no case of puerperal fever, and I think it is rare in the practice of other doctors.'

"Another friend of mine of thirty-five years' experience writes me: 'What nonsense is all this about perineal pads, douching the vagina before labor, antiseptics, etc. I have never had a fatal case of puerperal disease, and have seen but three or four.'

"Another doctor says that in 1,500 cases he has never lost a woman, has not paid any attention to antiseptics, but has looked upon labor as a physiological process.

"Dr. J. B. Walters says: 'In twenty-two years' experience I have had considerable obstetrical practice, and have only seen two cases of peritonitis.'

"Dr. Calvin, of Clyde, N. Y., says: 'Out of 1,279 cases, I have never lost but one woman. I never had a case of puerperal peritonitis and never used antiseptics. My father,' he said, 'was in practice for sixty years and never had but one case in his practice.'

It would seem that many of the opinions expressed at the present time, some of which carry much weight, are not verified by the experiences of these careful practitioners of the past. It would look as if some of our present notions would bear revision. How many young physicians are there that expect to use instruments in every slow case, and look upon instrumental labor as the rule, rather than the exception? How many men will we find of fifteen years, experience, or less, who do not feel confident that some of the serious lacerations, some of their appallingly severe cases, would have terminated much more favorably, if they had been handled differently. How many times has impatience been to blame for a so-called accident?

Those of us, who have had an opportunity to see both sides of the case, have long ago decided strongly in favor of the older methods. These with the present methods of the use of pain-relieving and anesthetic measures, and with the adoption of a course through the later months of pregnancy, calculated to prepare the patient for labor, will, I think, prove to be by far the most satisfactory method.

SUBNORMAL TEMPERATURES

As I have previously stated, I am convinced that subnormal temperatures are receiving too little attention. I have recently had an unusual opportunity to make some observations in that matter. In the last six weeks there has been a prevailing inclination among my patients to low temperatures.

There were no marked similarities between the symptoms that existed in each

case. In five cases one was recovering from tonsillitis, another had subnormal temperature, running as low as 96.5° F. in the morning, with a little elevation of temperature in the afternoon. The third complained of general chilliness, but there was no fever at any time, the temperature remaining from 96.5° to 97.5° F.

The fourth was a pregnant woman with inclination to sick headache. The most remarkable of the five cases was that of a young man of 19 years, who felt greatly depressed for a week. He then had a chill and sudden elevation of temperature and some symptoms of developing pneumonia, which was actively combated, the symptoms disappearing. The temperature dropped to 95° F., and notwithstanding the use of strychnine, quinine, stimulants of other kinds and hot applications, the only day in which I succeeded in getting the temperature up to 98° for five or six days, was one day when I gave him two drops of cactus every hour.

These patients exhibited the following symptoms in common: They complained of feeling very badly. The physical and mental depression in each case, was out of all proportion to any apparent pathological condition. As the temperature would approach the normal, in each case, these symptoms would disappear, and the patient would become more cheerful, and the strength would gradually return.

I observed that the symptoms improved only when I treated the condition of depression the most actively, and in each case the improvement was apparent only as the temperature was influenced by the treatment and approached the normal. In fact, in at least three of the cases there seemed to be nothing else to treat, but the physical and mental depression, which seemed to depend upon the low temperature.

As I have previously stated this subject of subnormal temperature must have more attention. I am confident that many patients complain bitterly of being out of health, are in low spirits, and very deficient in physical strength, all of which symptoms

are attributed to other causes. I have no doubt that in some cases they depend upon causes which depress the temperature, but I have invariably obtained better results from my efforts to elevate the temperature, than I have to hope to remove causes which I could not discover nor define.

USTILAGO MAYDIS

This remedy, the product of corn smut, acts in some particulars like ergot, but has an influence of its own which has been overlooked. It will prove a useful remedy in conditions otherwise intractable.

It is advised in the treatment of chronic metritis or in any condition that induces hypertrophy of the womb, acting beneficially, also, in all fibroids that are not extraperitoneal. It will expel hydatids, moles and polypi. Its action on the womb is thought to be as great as that of ergot, but without irritating or uncomfortable effect. I depended upon it in one case of uterine cancer, where the pain and hemorrhage were extreme. Its influence over the pain was as satisfactory as its control of the hemorrhage.

It will, in some cases, regulate irregular menses if given between the regular periods. In small doses—one drop three times a day—it has been thought to cure amenorrhea. It checks vicarious menstruation and is beneficial in the various forms of uterine hemorrhage.

The remedy is also valuable in combination with hamamelis and collinsonia in the treatment of piles and varicose. It can also be used in enlarged spleen and in exophthalmic goitre. It is an excellent remedy for sunstroke with cerebral engorgement, as it unloads the engorged capillaries, will ward off apoplexy and is of much value in the treatment of meningitis. In that form of impotence or in spermatorrhea where there is intense engorgement of the parts, those who have used it claim that it is a most efficient remedy. There are some forms of acute insanity in which dram doses were given every five or six hours with good results.

BURDOCK SEED IN UTERINE DISORDERS

I have not recently seen any recommendation of the use of burdock seed in the treatment of amenorrhea, but a few years ago some very excellent articles appeared on this subject. The remedy was not only advised for amenorrhea, but it was recommended in dysmenorrhea, and as a general uterine tonic.

The best authorities claim that in chloritic girls, suffering from amenorrhea, a tea made of burdock seeds, drank hot, would prove an effectual remedy in bringing on the menses. A saturated tincture or a reliable fluid extract, or the specific lappa by other writers was claimed to be a certain safe and pleasant emmenagogue. Other writers claim that no preparation works as well as the hot tea, unless some stimulant be given in conjunction with it, such as capsicum. If any reader has used this remedy or can give us reliable suggestions for the specific treatment of amenorrhea or dysmenorrhea we shall be very glad to publish the suggestions.

VIBURNUM—BLACK HAW

In a recent *Gleaner* editorial on the uses of this old Eclectic remedy, Dr. H. W. Felter says:

"Viburnum, better known as black haw to distinguish it from its related plant—the cramp bark or high cranberry—is a very popular remedy with Eclectic physicians. It is also one that was appropriated with avidity by our old school rivals, who have praised it, perhaps, as lustily as have its Eclectic introducers. Viburnum is tonic and antispasmodic, well sustaining the time honored meaning of such therapeutic terms. While a tonic to the gastro-intestinal tract and a good one, viburnum is better adapted to atonic conditions of the female reproductive tract, and as an agent for pain and weakness in female disease it has been most largely employed.

"Viburnum is a fairly good agent to restrain abortion and has been most successfully employed where the tendency to abort

is habitual. It will not, however, prevent all cases from this accident. It is adapted to cases showing functional debility of the female reproductive organs and should not be expected to prevent abortion due to syphilis or other inherited taints.

"As a uterine tonic it restores normal innervation, improves the circulation, and corrects faulty nutrition of the womb and ovaries. It is called for where the menstrual function is weak and painfully performed. Indeed, it is one of the best of agents for dysmenorrhea when due to debility. In severe lumbar and bearing down pelvic pains, and in uterine colic, so-called, it is a remedy of first importance. The keynote to its use is cramp-like or intermittent pains, with painful contraction of the pelvic muscles.

"It is a remedy for uterine bleeding, in spasmodic dysmenorrhea, and in metrorrhagia of functional character. It finds a good field in the hemorrhages of the menopause. On the other hand, its service in amenorrhea is grateful, being adapted to pale subjects apparently lacking in sufficient blood and subject to cramping pain. Nocturnal cramping in the muscles of the leg, not due to pregnancy, is quickly relieved by viburnum. It should be thought of in treating uterine subinvolution.

"As a uterine tonic during pregnancy it has earned a good reputation, and is not without value in afterpains, to arrest leucorrhea; in debility of the menopause; and in chlorosis, chorea and hysteria, all when due to uterine irritation. Briefly, viburnum is indicated by uterine irritability and hyperesthesia; in threatened abortion; dysmenorrhea with scanty menses; uterine colic; severe lumbar and bearing down pelvic pains; intermittent, painful contraction of the pelvic structures; cramping-like expulsive menstrual pains; after-pains; false pains of pregnancy; obstinate hiccuph."—*The Eclectic Review.*

Always laugh when you can; it is a cheap medicine. Merriment is a philosophy not well understood. It is the sunny side of existence.

—Byron.

SOME GENERAL SUGGESTIONS

After reading the interesting article by Dr. Yost, in the December number, on "Eczema," one of our subscribers in Pennsylvania writes us that twelve years ago he had a case apparently similar, which had lasted for twenty-five years, and was complicated with valvular disease. The patient was 76 years old. He put the patient on a vegetable and fruit diet, took care that the bowels were in a normal condition, and washed the surface frequently with an antiseptic solution, made by combining one and one-fourth of the tablets of D. & Co.'s mercuric chloride and sodium chloride with glycerin, one ounce, water q. s. to four ounces, making about a 5:1000 solution. This method is routine treatment with him in all cases of eczema.

In his treatment of severe stomach troubles the doctor also has a course which he believes will cure about ninety-five per cent of the cases, without regard to the conditions present. This, of course, is not specific medication, but I give the doctor's method, and later he will define the precise conditions under which it is successful.

The doctor advises the patient to eat bread, butter, beef, potatoes, and absolutely nothing else, until improvement is established, and then gradually adds other plain articles of diet. He avoids the use of milk. He gives jellies and breakfast foods and does not allow any drinking from one half to two hours after the meals. The following is the principal prescription:

R

Sulphocarbonate of sodium	.drs. 4
Bicarbonate of sodium	...drs. 4
Specific panax	drs. 4
Oil of peppermint	drops 6
Chloroform	drops 40
Water	pint 1

Give a tablespoonful after each meal, and repeat the dose as often as it is necessary to allay the distress. This becomes a very popular preparation with those patients who have simple disorders of the stomach.

The doctor cured a case of diabetes in a young man, 19 years of age. He fed him on vegetables and raw tomatoes, the latter in very large quantity. He began the treatment by giving him one-tenth of a grain of calomel, until the condition of the bowels was satisfactory. Then the only medicine he gave was the arsenite of copper in 1-100-grain doses, three times a day. This he kept up for nearly one year. When the patient was apparently cured of the diabetes, he was attacked with influenza in a very severe form, and died in a few days.

TREATMENT OF ALBUMINURIA OF PREGNANCY

The occurrence of albuminuria with threatened nephritis in the early stage of pregnancy, or before the fifth or sixth month, will be found occasionally to be amenable to treatment, and should never be neglected. It should be treated with the positive expectation of making a complete cure. For the pain, if present, in the kidneys and for the primary congestion, if there is no pain, there should be persistent application of heat, for from two to five days, or until urine of nearly normal consistence is excreted in sufficient quantity. If there is any fever, full doses of aconite should be given. For the pain and suppression, full doses of macrotys and gelsemium will be found of excellent service. This course should be persisted in until the symptoms have disappeared.

ON THE USE OF MERCURY

In an argument at one time upon the use of mercury, Dr. John M. Scudder made the following statements: "I have traveled over this ground for thirty-five years, with a larger business than falls to the lot of most men. I know that I have treated and cured my patients without the use of mercury in any form, much better than others have with it. I have seen all phases of mercurial disease, even from its judicious use, in the hands of my competitors. I have known death to result from its homeopathic use. I remember my personal suf-

ferings from mercurials. I would not take it under any circumstances. I would not give it. I have made it a rule in my practice not to prescribe a remedy that will produce disease."

Miscellaneous

The free hypodermic use of a one per cent solution of chromic acid injected around a snake bite is said to be of much value in neutralizing the poison.

A simple resource in case of severe paroxysms of coughing, for immediate relief, is the administration of two or three teaspoonfuls of glycerin in a little hot milk.

A very complete local anesthesia can be secured by throwing on the part a strong spray made by combining ten parts of chloroform, fifteen parts of ether, and one part of menthol.

Many forms of muscular cramp will be relieved by the use of viburnum. In some cases it may be combined with gelsemium, in others, with macrotys, and in uterine difficulties, with both.

Caffeine, as a heart stimulant, must be carefully studied. Its present use is largely empirical. We have reasons to believe that it would be a most efficient remedy when its specific indications are determined.

A London writer uses the juice of the papaw or some preparation made from it to dissipate tumors of probable cancerous development in the first stages. He claims that it acts with great certainty on indurated tissues of cancer.

At one time in an eastern city there was a simultaneous occurrence of an epidemic of smallpox and of la grippe. It was quickly observed that every individual who was effectually vaccinated for smallpox escaped la grippe. This might be a very important observation.

A teaspoonful of the tincture of sanguinaria, three times a day, is said to be a good emmenagogue.

Strong, hot coffee, drank without seasoning, will in some cases be found to be a most powerful stimulant in uterine inertia.

The influence of kava kava to increase and sustain a good appetite, has received but little attention. There are many cases in which this remedy is most reliable for this purpose.

For the cure of that form of diarrhea which occurs from the taking of food into the stomach, especially that following dinner, give from five to eight drops of Fowler's solution in a teaspoonful of water, immediately after eating.

Dr. Wythe claimed at one time that gonorrhea could be cured most satisfactorily, by the use of six drops of the oil of wintergreen, taken internally three or four times a day. No injections were to be used.

One of the great manufacturing institutions of the East in their emergency instructions to their surgeons, advise hot coffee and aromatic spirits of ammonia alone, as stimulants, when immediate active stimulation is imperative.

A large tampon, saturated with glycerine and introduced firmly against the os, will in some cases of vomiting of pregnancy produce local depletion through its dehydrating influence and satisfactorily and permanently relieve the vomiting.

A month or two ago, Dr. Hewitt gave us some excellent advice for the internal use of cocaine. If this substance, in from one-fourth- to half-grain doses, be given every four hours in extreme cases of gastralgia or in cases of extreme gastric irritability, a writer in the *Lancet* claims that its influence is highly satisfactory.

Ten drops of the fluid extract of hyoscyamus and eight grains of the monobromate

of camphor in four ounces of the syrup of lactucaria, will serve the purpose of an excellent sedative for children when a soothing preparation is desired, given in half teaspoonful or teaspoonful doses, frequently repeated according to the age of the child.

Prof. A. J. Howe, at one time the Nestor of Eclectic therapeutics, treated diphtheria successfully with the use of veratrum internally for the fever, and with thuja, diluted, for the throat wash. He claimed to have the best success with these two remedies alone. Selecting veratrum or aconite according to their indications and adding phytolacca, I would say that in the mild cases this treatment can be made an unusually good one.

Insanity in women due to mental worry or mental shock will occasionally be satisfactorily relieved if not completely cured by the use of cannabis indica, ten-minim doses of the tincture being given three times a day. It will be found also of much value in the treatment of mania and melancholia. In the treatment of chorea it is sometimes useful, combined or given in conjunction with macrotys. In cases of gastric ulcer, where there is persistent pain in the stomach from any cause, it is of special service. The indicated tonics and restorative measures must not be neglected.

In determining the specific indications for saw palmetto, a homeopathic authority states that they are in the male an enlargement of the prostate gland, with throbbing, aching, dull pain, occasional discharge of prostatic fluid, or a discharge of mucus, weakened sexual power; epididymitis and orchitis when accompanied with enlarged prostate. In women the indications are dull, aching pains in the region of the ovaries, with ovarian enlargement and tenderness; small, undeveloped mammary glands. It is also indicated in chronic bronchitis, with a wheezing, hard cough which is worse in cool, damp weather, and upon lying down.

Societies

THE ILLINOIS STATE ECLECTIC MEDICAL SOCIETY

The Illinois State Eclectic Medical Society will hold its forty-first annual session in East St. Louis on May 19, 20, 21, 1909, and we anticipate the largest, most enthusiastic, and best meeting ever yet held by our society, though no previous meeting has been lacking in attendance or enthusiasm.

Doctor, we earnestly urge you, as an Eclectic physician, to keep the above dates in your mind and make your arrangements to be present at and participate in this meeting, and if not already a member to identify yourself with us by becoming one.

The annual program will consist, in part, of papers on practical subjects that will be of value to you in your daily routine of professional work, and assist very materially in keeping you up to date on specific medication.

Doctor, we sincerely hope that you will realize the great importance of this state organization of Eclectic physicians and surgeons, the great need of your belonging to it, the great importance of attending its meetings and giving it your moral support, if nothing else. It is of more importance than is generally realized. In fact, if we had no state society, we would have no standing whatever as Eclectics in this state. Now, however, we have a standing, but standing can only be maintained and made better and stronger by an energetic society, and better attendance at the meetings of the society. It is one of the most important things you can do to attend this society.

In conclusion, your interests demand that you should, as a representative of the Eclectic system of practice, identify yourself with this, the Illinois State Eclectic Medical Society—and by your presence and co-operation in its annual meetings assist in advancing the interests of Eclecticism throughout the state of Illinois.

Thanking you, Doctor, for the courtesy of your attention in this important matter, we beg to remain

Yours for Eclecticism,
CHARLES H. BUSHNELL,
President.

JOHN B. STANDLEE,
Corr. Sec'y.

MARCH BULLETIN OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION

The following section officers have been appointed for the meeting in Chicago, June 15-18, 1909. The local committee of arrangements have arranged for the meeting at the Auditorium Hotel, having provided a separate room for exhibits and several small committee rooms. The officers would like to have the various members write the section officers and hand in the subjects of their papers. This will greatly facilitate the work. There is a probability that the National will consider the publication of a quarterly journal next year, in place of the usual bound volume, which behooves us to have a great number of papers this year, and papers which will show the standing and progress of our school of medicine.

Section No. 1. Pediatrics. Chairman, M. M. Hamlin, 5255 Page Ave., St. Louis, Mo. Secretary, Ethyl Richardson, 835 Cedar St., Quincy, Ill.

Section No. 2. Surgery. Chairman, J. D. Robertson, 468 W. Monroe St., Chicago, Ill., secretary, Claud E. Laws, Ft. Smith, Ark.

Section No. 3. Materia Medica. Chairman, J. J. Morrill, Otter Pond, Ky. Secretary, C. W. Brandenburg, 223 E. 14th St., New York, N. Y.

Section No. 4. Practice and Pathology. Chairman, A. J. Widener, Little Rock, Ark. Secretary, F. M. Baldwin, Marion, Ind.

Section No. 5. Eye, Ear, Nose and Throat. Chairman, M. B. Ketchum, Temple Auditorium, Los Angeles, Cal. Secretary, W. N. Mundy, Forest, Ohio.

Section No. 6. Obstetrics. Chairman, F. B. Crowell, Lawrence, Mich. Secretary, Nannie S. Glenn, State College, Pa.

Section No. 7. Miscellaneous. Chairman, W. N. Ramey, 315 N. 14th St., Lincoln, Nebr. Secretary, H. H. Blankmeyer, Honey Grove, Texas.

Section No. 8. Gynecology. Chairman, L. E. Russell, Croton Bldg., Cincinnati, Ohio. Secretary, W. L. Heeve, 302 Sumner Ave., Brooklyn, N. Y.

W. P. BEST, Secretary. J. H. SCUDDER, President

THE WISCONSIN STATE ECLECTIC MEDICAL SOCIETY

The Wisconsin State Eclectic Medical Society will convene at Devil's Lake, Wis., June 1, 2 and 3, with headquarters at the Lake View House, the management of which has made the exceedingly moderate rate of \$1.50 per day.

The location of this beautiful summer resort in the midst of Wisconsin's picturesque scenery makes it especially suitable for a few days' sojourn, and it was therefore decided to limit the session to three days, thus giving ample opportunity for the transaction of business as well as sight-seeing and pleasure.

One day of the three will be designated "Chicago Day" in honor of our visitors from that city, when all their papers will be read and discussed, as well as other matters of importance and interest to every Wisconsin Eclectic.

Our society extends to all members of the National and all state societies a hearty invitation to come and visit with us.

It is hoped that every Eclectic of Wisconsin, whether a member of this society or not, will attend and assist in making this the biggest and best meeting ever held, and that everyone contribute a paper on whatever subject they choose—send the title of your paper to the secretary at once.

F. C. HANEY, M. D., *Rec. Sec'y.*
550 Lincoln Ave., Milwaukee, Wis.

Trust in the Lord with all thine heart, and lean not on thine own understanding; In all thy ways acknowledge him, and he shall direct thy paths.—Prov. 3:5-6.

Books

The March issue of *The American Journal of Surgery* will present a number of important articles. All of the contents of this number of the journal are written by New York surgeons of note. Among the articles are a number on new operations. They are as follows: "A New Method of Intestinal Anastomosis," by Lilienthal; "Sigmoiditis and Perisigmoiditis," by Tuttle. "Sacral suspension of the Uterus," by Van Doren Young; "A Modified Operation for Inguinal Hernia," by Sellenings; "An Operation for the Direct Transfusion of Blood," by Hartwell; "A New Plastic Mastoid Operation," by Hopkins; "Surgery of the Pericardium and Heart," by Beekman De Latour; "The Successful Treatment of Laryngeal Stenosis by Intubation," by Simpson.

As stated, these methods are nearly all new, or contain new features. Those of our readers who are interested should send direct to Dr. Joseph McDonald, Jr., 92 William St., New York, for a copy of this journal, and should mention THE THERAPEUTIST.

LIPPINCOTT'S MAGAZINE

Lippincott's seems to have solved the problem of securing satisfactory stories, for in it has appeared a long series of fine complete novels, and instead of falling off the quality seems to be steadily improving. The February issue contains a powerful tale of army life by General Charles King. It is entitled "Lanier of the Cavalry," and portrays army life with the same vigor and naturalness which characterized "The Colonel's Daughter," "Captain Blake," and other famous books by this author. There is a well sustained mystery in "Lanier of the Cavalry," as well as a charming love story—two charming love stories, in fact. The story will probably be brought out in

book form later, as are so many of the *Lippincott* novelettes.

The hundredth anniversary of Lincoln's birth is fittingly observed by a striking paper on our great War President by George L. Knapp, a Western writer whose work is attracting a great deal of attention just now. Ellis O. Jones, Clifford Howard, Thomas L. Masson, and other authors are likewise represented by papers on timely topics.

Several noteworthy poems and some interesting miscellany—including the widely quoted "Walnuts and Wine"—complete the number.

An English writer at one time, in the early stages of placenta præviæ, made it a point to insert a solid piece of alum up against the os uteri, maintaining it in contact with a vaginal tampon. He claimed the very best of results, until the dilatation was sufficient for rapid delivery. He thus constricted the uterine sinuses, hardened and contracted the uterine fibers in the cervical segment, and produced a tenacious coagulation of the blood which acted as a satisfactory tampon, all without interfering with dilatation.

After failing with all usual methods in the removal of tape worm, a physician reported that he advised the patient to eat a cocoanut, and was surprised to find that he had discharged a complete tapeworm. Since then the physician has used cocoanut frequently as a tænicide, and finds it pleasant. It brings the worm without the usual administration of a cathartic.

A month ago I published a statement from one of our writers to the effect that he depended with confidence upon the use of lobelia to increase the expulsive power of the womb, when the labor was retarded from inertia. A British writer has claimed that he uses the wine of ipecac for this purpose, and for many years has not given a dose of ergot. He gives from 10 to 15 drops of this wine every ten minutes, and

says that in a surprisingly short time energetic uterine action is induced. The pains occur regularly and in natural order, but with increasing force, and at shorter intervals. He believes it has no superior for this purpose, as he has never noticed untoward symptoms.

In the treatment of dropsy the use of scoparias was preferred by some of our old writers to apocynum, because it does not cause gastrointestinal irritation. Its diuretic influence, when given in full doses, was said to be great, and there was no depression or irritation. If any of our readers have used this remedy for this purpose, I would like a report of it.

CIMICIFUGA RACEMOSA IN PLEURISY AND RHEUMATISM

This is a very useful remedy in pleurisy after the alternate administration of aconite and bryonia. It is one of the best remedies we possess for lumbago and in spinal myalgia, when there is soreness, pain and a feeling of tenderness along the spinal column. It is effectual in both muscular and articular rheumatism, but its action is most pronounced in those cases in which the left side is most affected—Frederick Kopp, in the *Homeopathic World*, November 2, 1908.

ACTION OF MENISPERMUM CANADENSE ON THE MIND

The mental symptoms of *menispermum canadense* are that the patient is very low-spirited, absent-minded, stubborn, ill-natured, surly, irritable and of a hasty temper.—*Homeopathic World*.

It is not generally known that the application of the simple tincture of eucalyptus will arrest local hemorrhage, whether it be hemorrhage of the nose, or hemorrhage from the extraction of a tooth, or hemorrhages from an incised or lacerated wound. The benefit will be immediate. The agent can be applied undiluted.

THE BANEFUL INFLUENCE OF TOBACCO

I am confident that there is no greater menace to the health of young men of this country than the use of tobacco. I believe it is the duty of the medical profession to use as much effort in stamping out this evil as any other evil we have to contend with. Many prominent members of the profession have declared that the numerous mental wrecks among young men, whom they have observed or young men who have lost all interest in life, and whose lives have been failures or who have become suicides has impressed them with the fact that this evil is a most formidable one. So insidious is it, and so common is the habit among older men and so difficult is it to persuade many of these that their influence is vicious upon younger men and boys, that the physician has a double duty in the matter.

Among the baneful influences of nicotine suggested by a recent writer are those of vertigo, tremor, general weariness, weakness in the limbs, pain in the nerve centers, aphasia, amnesia and various faults due to spinal and cerebral irritation. There are vasomotor paralysis, resulting in cold extremities, excessive sweating and anemia. The digestion is impaired and in some cases there is nausea, vomiting and stomach disorders.

More serious than these, however, is the influence of the agent upon the heart. A weak, dilated heart, with imperfect compensation, is among the commonest observed difficulties. Palpitation, some difficult breathing and function disturbances are very common.

I have long been confident that tobacco had to its credit as many cases of locomotor ataxia as syphilis. I think the two conditions operate together, very often, when the entire charge is made against syphilis. I have under observation a patient who has suffered from ataxia for ten years and has now probably but few months more to live, whom I am confident brought the disease on by the excessive use of tobacco alone. I have known the man since boyhood, and have had opportunity to watch

him closely and feel that I am not mistaken.

I repeat that I am confident the medical profession should take a much more active stand against the use of tobacco, especially on the part of boys and young men. In the treatment of chronic disease there are many that are declared to be incurable in the patient treated that would yield readily if the patient would cease the use of tobacco. It took the profession more than a century to discover that alcoholism was a disease; it ought to take us very little time to discover that the tobacco habit is a serious disease also.

Reynolds of London reports the beneficial effects of sulphuric acid internally in the treatment of those infections of the skin and subcutaneous tissue which result in the formation of boils and carbuncles. He administers from twenty to thirty minims of dilute sulphuric acid. It should be taken regularly every four hours. It requires about two weeks to accomplish a satisfactory result.

The cases under treatment are in no way disturbed by the medicine. It does not interfere with the digestion. After the first twelve or eighteen hours, the affected area becomes distinctly circumscribed, the lesion ceases to extend, softening of the tissues takes place, suppuration follows. Very quickly healthy granulations begin, that form at the base, and the process of repair goes on uninterruptedly. Cutting or surgical interference is unnecessary.

The dehydrating influence and antiphlogistic effect induced by the application of antiphlogistine in cases of acute inflammation are now recognized and depended upon by all physicians. The agent contributes immediately to the dissipation of an excess of blood in acute determination, abstracts the excess of heat, promotes normal restoration of function. It is easy of application, cleanly, assists in retaining heat in contact with the part, often so essential, and is readily removed.

Choice Gleanings

DIET IN TYPHOID FEVER

By C. O. MUNNS, M. D., OXFORD, O.

Today the medical profession agree that typhoid fever is an acute infectious disease caused by the invasion of the "bacillus typhosus," which produces inflammation and ulceration of the lymph follicles of the intestines, and swelling of the mesenteric lymph nodes and the spleen. Other micro-organisms than the specific germ play an important part in determining the extent and character of the bowel lesions and in the production of the general toxic infection, which should receive careful attention in treatment of the disease. Since typhoid patients must contend with the toxins generated by the invading micro-organisms as well as the body toxins, it seems rational that it is our duty to select a diet that will not favor the life and development of the bacteria and their toxins. We all recognize that the digestive secretions are not freely active in this disease; and I believe that the most of us will admit that meat broths and milk are excellent culture mediums for bacterial life. Then why feed our patients during the progressive period of this disease, as recommended by nearly all of our medical writers of today?

I contend that typhoid patients, as a rule, require very little food during the first two weeks or more of the fever. More patients are killed by over-feeding than under-feeding.

When a case of typhoid fever comes under my care, I thoroughly clear the bowels with castor oil to which has been added a few drops of the oil of cinnamon, then prescribe the free consumption of pure water and pure, fresh fruit juices, often allowing the patient to consume the soft pulp of the fruit in a finely divided state. The pulp of ripe apples, pears, peaches, and grapes can be safely given in this manner; also the pulp of perfectly ripe melons is often

relished by the patient, and seems to cause no irritation. The juices of ripe pine-apples, oranges, lemons, grape-fruit, grapes, and of all succulent, edible fruits and berries are permissible; should diarrhea be present, blackberry, raspberry, and grape juices are best adapted to this condition.

Should the fruits and fruit juices not satisfy the hunger of the patient, egg albumen can be dissolved in the fruit juices, or a whole egg can be dissolved in water and lemon juice, sweetened to suit the taste, and given. Barley-water, rice-water, malted milk, buttermilk, milk-whey, uncooked oatmeal water safely meet the emergency; pea broth, made from the mature pea, is excellent when food richer in nitrogenous material seems to be indicated.

I reserve the use of sweet milk and animal broths until the third week, when the fever begins to subside and the patient manifests a returning appetite and relish for food. At this time modified milk and animal broths can be given safely with caution; and our patients will relish the milk during convalescence, thus making the return to gruels and more solid food more easily and safely brought about.

Sudden rise of temperature, due to accumulate waste in the bowels, is easily combatted by giving a small dose of the castor oil with cinnamon, which I do not hesitate to give in any stage of the fever, and I regard it as the best and safest agent with which we can clear the intestines of waste.

The advantages claimed for this treatment are:

Freedom from the severe complications produced by the toxemia under the old regime, e. g., high temperature, severe diarrhea, tympanitis, hemorrhages, delirium, etc.

Comfort and safety of the patient.

Shorter and milder course of fever.

Conservation of patient's strength, and rapid recovery.

Very little medicine is required, and much better results are obtained from medicine given.—*Medical Century*.

AVENA SATIVA

E. E. BECHTEL, M. D., DAYTON

Avena is obtained from *avena sativa*, or common oats. It is a marked nerve stimulant and tonic, an admirable equilibrant and nerve nutrient, and as such deserves to be better known.

In order to get the best results from avena it must be given in appreciable doses, say ten to thirty minims, and if it is administered in hot water its effect is much more prompt and increased. It has a selective action on the brain and nervous system, influencing the nutritive function of these organs.

Given in full doses, its physiological effect is announced by a pain at the base of the brain, and should this occur the remedy should be discontinued and in a short time begun in smaller doses.

As a stimulant it combines well with strychnine, the effect of which it serves to prolong, but when used alone it is more permanent than strychnia.

As a tonic there is no better remedy, especially in the convalescences from exanthematous and prostrating diseases. It is a positive equilibrant in nerve storm, worry, sexual neurasthenia, and all cases of nervous irritability induced by anxiety, prostration or exhaustion. Avena should be used in the nerve tremors of the aged, in chorea, paralysis agitans and epilepsy.

No remedy has given such good results in post diphtheritic paralysis, and in general paralysis it is most certainly very effectual.

In uterine and ovarian diseases with a tendency to hysteria it is indicated, and in a case of nervous headache at the menstrual period when there is burning at the top of the head, avena will give good results. In amenorrhea and dysmenorrhea, with a weak circulation, it is a positive agent.

Its use in impotency and the nervous disorders of the sexual indulgent will convince the most skeptical of its value. Doctors, use avena with saw palmetto or staphysagria as indicated, and your cases of spermatorrhea and emission will not fall into the hands of the charlatan.

In the insomnia of the nervous avena will produce rest and sleep. In occipital headache small doses will give good results, especially those cases where the urine is loaded with phosphates. In cases of nervous break-down in brain workers avena will be found of much value.

Of its use in overcoming the habits of alcohol and opium avena has been overestimated, yet if the right conditions of the nerves exist avena will prove to be of value.

In rheumatism of the heart avena is of especial value in giving tone to the cardiac muscle, and in debilitated conditions it will positively prevent relapse by fortifying the heart muscle and improving its energy.

Hence, in summing up the uses of avena, we will find it indicated as a nerve stimulant and tonic, and by its influence on the nutritive function as an equilibrant a positive agent in nervous prostration and in all spasmodic conditions induced by worry, excitement, or exhaustion.—*Eclectic Medical Journal*.

OBSTRUCTION OF THE BOWEL

BY CHAS. T. SOUTHER, M. D., CINCINNATI, O.

The following classification is offered as a concrete way to study the subject *etiologically*:

Obstruction always Mechanical	Inflam- matory	Small Bowel	Appendicitis Post-Operative Peritonitis Tubercular peritonitis Volvulus
		Pelvic Peritonitis	Intussusception Gall-Bladder
	Non-Inflam- matory	Large Bowel	Tuberculosis Colitis Diverticulitis Stricture Syphilis Bands and Ad- hesions
		Small Bowel	Polypus Volvulus Meckel's Diver- ticulum Ileus Hernia, Tumors and Cancer
		Large Bowel	Polypus Malignancy Benign Tumors Hernia Pressure of Tu- mors outside the Bowel

The classification disposes of the etiology.

Diagnosis: (1) Abdominal pain; (2) inability to move the bowel; (3) distention of bowel, and (4) vomiting.

The aggregate of the four symptoms mean obstruction.

Dilatation of the stomach is differentiated by the stomach tube.

Primary distention may be the cause of volvulus and obstruction.

The cardinal symptoms appear early or late, acute or chronic, depending on the presence of inflammation or no inflammation.

The use of gauze pads and drains in operative work should be avoided as much as possible, owing to necessary peritoneal trauma.

Age, sex, duration and mode of onset help to classify the case, as acute or chronic, inflammatory or non-inflammatory. Early in life usually is inflammatory. Late in life usually non-inflammatory, and due to gallstones, enteroliths, malignancy or fecal impaction.

Obstruction of the small bowel means more acute symptoms and early surgery. Large bowel, slow symptoms and lower operative mortality, unless the acute cases are operated very early. Monroe and others claim that all cases become inflammatory before a fatal issue, and that infection and bacteria will be found post-mortem in all cases, if the glands are examined.

TREATMENT

Medicinal	{ Cathartics
	{ Enemas
Mechanical	{ Position
	{ Massage
	{ Enterostomy
Surgical	{ Colostomy
	{ Complete causal Operation

Should cathartics be used? In acute inflammatory cases—no; in non-inflammatory cases—yes.

We are never sure in a given case, where vomiting has not developed, that a cathartic will not do some good, and personally we would be willing to try it once anyway. If vomiting has begun, *never*.

Eserine salicylate hypodermically can always be tried for several doses. Morphine

is indicated for pain and shock. Enemas are always indicated.

Enterostomy was advised and practiced by Nelaton 1840, and Littre did colostomy for cancer in 1710. These methods will certainly lower our mortality in severe cases, seen late, where a causative operation would be fatal. It takes off the pressure, gets rid of the putrid contents, and the secondary operation is usually well tolerated.

The technique published by Whitacre is very excellent and has saved many lives. Self-retaining rubber catheter may be used as an intestinal drainage. The operations of Bodine are advised for colostomy.

Border-line post-operative cases *without all four* cardinal symptoms give most trouble, but should be treated with enterostomy before case gets in serious condition.

Moynihan says mortality is 50 per cent, but all over 10 per cent is due to delay in surgical work.

Statistics from Cincinnati Hospital gives 1 death in 312, due to obstruction from 1867 to 1907.

Conclusions.—All cases seen late should have two stage operation. Enterostomy or colostomy, simply done under local anesthetic, will greatly reduce mortality. Relief of distention and drainage is the all-essential feature in the absence of gangrene.

—*Virg. Med. Monthly.*

LOCAL USE OF MAGNESIUM SULPHATE SOLUTION IN THE TREATMENT OF ERYSIPELAS

BY HENRY TUCKER, M. D., SURGEON PHILADELPHIA GENERAL HOSPITAL

On account of the uniformly good results obtained in my wards at the Philadelphia General Hospital in all varieties of inflammation treated by this method, I was enabled, through the courtesy of Dr. Joseph S. Neff, director, to apply this plan of treatment to the erysipelas cases.

In thirty-five uncomplicated though severe cases all recovered within from two to seven days; pain and the usual local discomfort was relieved in a few hours, no

internal or so-called specific treatment being given.

In the entire number of cases above quoted internal treatment was not used unless urgently indicated by some complication, so the local application must have the credit for the results obtained.

Technique.—The application consists of a saturated solution of magnesium sulphate in water. This is applied in facial cases on a mask consisting of from fifteen to twenty thicknesses of ordinary gauze, of sufficient size to extend well beyond the area involved, a small opening being made to permit breathing; no opening, however, is cut for the eyes. The mask is then thoroughly saturated with the solution, applied, and covered with oiled silk or wax paper, and wetted as often as necessary to assure a moist dressing—usually once in two hours, depending on the time of year or the temperature of the room. The dressing should not be removed oftener than once in twelve hours to permit an inspection of the parts, and then immediately reapplied; the infected area should not be washed while the treatment is employed. The advantages of this form of treatment over others are as follows:

First, the drug can be obtained in any country store, is easily made into solution, is inexpensive, non-toxic, and clean; it is also easy of application if the directions are properly followed.

Secondly, the patient very promptly obtains relief from the distressing local symptoms usually present.

Thirdly, the temperature falls to normal, usually during the second twenty-four hours, and does not rise again, thereby eliminating possible complications from fever.

Fourthly, internal medication is not indicated in uncomplicated cases, the only treatment being a milk diet for the first few days, or, to be more accurate, until the temperature reaches normal.

How the results are accomplished I must frankly admit I do not know, but, having used this method in over seven hundred cases of various forms of inflammation with

uniformly good results, I feel justified in considering it the best local treatment in any variety of inflammation, especially as the greater number of cases treated in the hospital represent absolutely the worst class from a physical standpoint, belonging to the lowest strata of humanity, poorly fed, anemic, living normally under the worst hygienic surroundings, and many of them users of alcohol to excess. The results were uniformly successful.—*Merck's Archives*

SCUTELLARIA LATERIFOLIA

J. J. BROWER, M. D., COSHOCTON, OHIO

Blue skullcap, hoodwort, mad dog weed, Sid's flowering skullcap, etc. The whole plant is officinal, and should be gathered when in flower, as it has about all the strength in the plant then, and the leaves and the flowers are the parts most generally used, although the whole plant has medical properties in it. It should be dried in the shade and kept well closed from the air, and especially from the sun and light. It is inodorous. It is said to contain essential oil, a fixed oil, yellowish green, and is soluble in ether; a bitter principle, soluble in alcohol or ether; a peculiar volatile matter, a sweet mucous substance, a peculiar astringent principle, together with various other salts.

Description.—*Scutellaria laterifolia* has a small fibrous yellow perennial root, with an erect, very branching, diffuse, quadrangular, nearly glabrous stem, from one to three or four feet in height. The branches are opposite. The leaves are on petioles about an inch long, opposite, thin, entire nearly membranous, subcordate on the stem, ovate on the branches, coarsely serrate and slightly rugose. The flowers are small and of pale blue color, and are deposited in long lateral axillary racemes, with ovate acute bracts. The calyx has an entire margin, which, after the corolla has fallen, is closed, with a helmet-shaped lid, which looks very much like the old soldier's skullcap, from which it is probable the plant derived the name of skullcap.

Medical Properties.—It is a nerve tonic, astringent and stimulant. The whole plant is officinal, and should be gathered when in flower. Generally the leaves and the flowers are the only parts used, as the roots have but little strength in them, and is more astringent than the other parts. The leaves and the flowers are one of the best known tonics. Take the green leaves and flowers, and when partly dried, make a tincture of eight ounces to the pound, and then give from five to ten drops every two to four hours. In all cases of debility, or in any case where the patient is weak and lacks an appetite, you will get good results. In all cases where old people are run down, cannot eat, have pains in the limbs and all over the body, it is far superior to pepsin or any other remedy that I have ever found, and I have had a large practice for the last fifty years, and have usually treated chronic diseases. This has given the best results of all remedies. It quickens the force of the pulse, gives tone to the heart; quiets the nerves, causing the patient to rest, and then to sleep in a natural way, which is one of the things beyond all others, in the old or young patient. Good sleep is far better than medicine. In cases of delirium tremens it is a remedy *par excellence*, destroying the effects of liquor and giving tone to the nerves; increasing the appetite, causing the patient to sleep, and in that way giving nature a chance to build up the broken-down system. It acts similar to nuxvomica in the destruction of the liquor power over the blood and the nerve forces. It acts much in the same way in the drug habit, breaking down the effects of the drug.

Three years ago I treated a case of opium habit. The case was a man some fifty years of age. He had taken morphine by hypodermic injections for over twenty years, using twenty-five grains daily. I gave him nothing but skullcap and tincture of passiflora, and had him drop a tablet once or twice each day, and we had a complete cure. The patient did not lose a day's work on account of the treatment. In this case the scutellaria, or skullcap, made the cure.

In St. Vitus' dance it will act well, and will do more than any other remedy that I have ever used.

In cases of anemia in young girls it is the best remedy we have, giving strength to the stomach, causing a good appetite, giving strength to the nerves, causing the digestive nerves to act to their full capacity, thereby causing good blood and the building up of the entire system, and in that way causing new blood for the patient.

Skullcap given to the young and to the old, as a tonic in the spring or fall, is one of the best things that a physician can give. The old can be kept strong and firm, and able to do all their business the longer.—*Eclectic Medical Journal.*

OLIVE OIL IN THE DISEASES OF THE STOMACH

The following is an abstract of a paper by Dr. L. Rutimeyer that appeared in the *Correspondenz-Blatt fuer Schweizer Aerzte*:

"In some cases of hypersection and hyperacidity, with or without neurasthenia, the secretion was reduced when 30 gm. butter or 100 gm. warmed oil was taken, fasting in the morning. In another case of threatening post-operative spasm of the pylorus, with extreme dilatation of the stomach, 100 gm. of oil poured into the stomach each morning, with lavage of the stomach twice a day, promptly cured the spasm. In one case a merchant of 41 presented signs of chronic ulcer and spasm of the pylorus with excessive secretion and intense pains; only partial and transient benefit was obtained during two years of various measures. The old troubles returned at every excessive effort or excitement or dietetic error, and finally an operation was proposed. A systematic course of oil was instituted as a last resort, with brilliant success. The patient rinsed out his stomach every morning and then took 100 gm. of oil, and in two weeks the pains and spasms had vanished. The man gained rapidly in weight and was soon able to eat any ordinary food. During the five years since he still occasionally takes a little oil after some gross dietetic error,

and it promptly relieves any slight disturbance. The most striking benefit of the oil treatment is in its influence on the subjective disturbance. The oil banishes the pain and restores the earning capacity, even although the objective findings may occasionally persist unmodified."—*J. A. M.*

WORDS OF WISDOM

The practice of medicine will be very much as you make it.—*Cryptic Osler Aphorism.*

Editorials in which the mantle of dignity conceals vast intellectual abysses.—*Dr. Lydston.*

To men who work in the open air the chemistry of food is an unnecessary nuisance.—*Critic and Guide.*

Whoever writes the full story of the sharp curette will open a chamber of horrors that has few, if any, equals in the annals of surgical blundering.—*Dr. Coleman.*

—*Homo. Recorder.*

Xanthoxylum is one of the best stimulants to the gastric mucous membranes that we have. In pyrosis of old people it is unequaled. In dilation of the stomach, where the functional activity is decreased, xanthoxylum in twenty-drop doses of the specific medicine is excellent. It is best given in hot water.

The American Training School for Nurses is the pioneer institution in providing a complete method of instruction for the many young women who desire training in the science of nursing and who are not in a position to leave home to take such a course. Later in the course hospital service is furnished these students in many cases, under pay, and always under the direction of competent attending physicians. Write directly to Mr. Maccoy for nurses, when needed, and for information concerning instruction of those you are interested in.

Those who bring sunshine to the lives of others cannot keep it from themselves.—*J. M. Barrie.*

ATROPINE AS A HEMOSTATIC

Editor Ellingwood's Therapist:

I am collecting material for a paper upon atropine as a hemostatic, and would be obliged to any of your readers who would send me notes of their experience with this remedy. I am particularly anxious to receive adverse reports, as well as those favoring the remedy.

Thanking you for the courtesy of inserting this note, I remain

Very sincerely yours,

WILLIAM F. WAUGH

1424 E. Ravenswood Park, Ravenswood, Chicago.

COMMENT:—I desire to urge the importance of replying to Dr. Waugh's request. I have had reports in this line concerning atropine from a number of our readers, and I am assured that very many can give the doctor some personal experiences that he may be able to use to good advantage. Please don't neglect to attend to this, if you have had opportunity to take the necessary observations.

In the treatment of the primary congestion of pneumonia, acute bronchitis or pleurisy, where hot external applications are advised, it will be found to greatly facilitate the dissipation of the congestion, and to assist in aborting the active inflammation if the patient should be made to breathe very warm air that is loaded with moisture. The inhalation of the air at a temperature as high as the person can stand it, will in its influence upon the air cells and the capillary circulation that surrounds them, have much the same effect that the hot external applications have. Will anyone who has tried this method, systematically report results?

WANTED — Location by physician; Missouri preferred. Any one knowing of an opening, please address B. R., Lock Box 15, Bronaugh, Mo.

Cases of polyuria occurring during pregnancy, have been relieved by the use of an abdominal supporter.

Ellingwood's Therapeutist

A MONTHLY JOURNAL OF
DIRECT THERAPEUTICS

VOL. III

APRIL 15, 1909

No. 4

Leading Articles

CHLOROPHYLL

JOHN URI LLOYD, PH. D., PH. M., CINCINNATI, OHIO

Whoever is concerned in the study of plant pharmacy, and whoever is concerned in the using of medicines made of plants, is confronted with chlorophyll. It is everywhere in nature, and subserves a purpose in the economy of plants akin to that of the lungs of the animal. It is not, however, the function of chlorophyll in its life process that concerns the users of plants, but rather, the presence of chlorophyll and what its presence pretends in a pharmaceutical preparation. In this direction, the users of medicines are often disturbed by the fact that the chlorophyll of a preparation is not uniformly present in different specimens of that preparation.

Eclectic physicians, as a rule, understand well the chlorophyll problem, and appreciate the fact that it is one of the indifferent bodies that accompany organic structures of an energetic physiological and therapeutic nature, but that in itself, it has no therapeutic value. This information needs however be repeated to physicians of other schools, because of the fact that the instruction imparted in their institutions ignores, as a rule, what may be called the pharmacy side of the physician's life. Consequently, the writer of this article, as do all others concerned in the evolution of plant preparations,

meets repeated inquiries from physicians, regarding the question of the varying green color observed in the remedial representatives of chlorophyll bearing plants, whether they be official preparations, or otherwise.

With this introduction, and the statement that chlorophyll may occasionally, by reason of associated substances such as oils and resins, be necessary, because of the fact that such a combination cannot be broken without injuring the nature of the compounds, we will pass to a description of medicines made from chlorophyll bearing drugs, and in doing this, the writer finds that perhaps no better article can be presented, than the reproduction of the fragment of a paper written by him on the subject, and published by him in *The Eclectic Medical Gleaner*, twenty-three years ago. The following extract from this paper applies directly to the subject of chlorophyll, and could scarcely be improved, other than in a strictly scientific sense, as concerns detail investigations since that date, which is unimportant in the present article.

Everyone has noticed the gradual change in color which a green leaf undergoes as it arrives at maturity and passes into decay. The green color is mostly caused by a substance named chlorophyll, which is found disseminated more or less throughout the entire vegetable kingdom. Chlorophyll is

soluble in both ether and alcohol, but not in water. It is a compound body, according to Mr. Fremy, it consists of a mixture of blue and of yellow organic coloring materials. If the blue preponderates, the color of the leaf is dark green; if the yellow is in large amounts, it is light green. The blue coloring matter is not so permanent as the yellow, it decays quicker, frost destroys it sooner, consequently after our plants reach maturity, we observe them gradually fade, pass to yellow and finally turn brown. These successive changes in color depend upon the destruction of the chlorophyll. Those acquainted with the art of mixing paints will understand how nature can produce so great a variety of shades of green with the two primary colors, blue and yellow. Man unconsciously copies after nature in this respect. Our chrome greens are made by mixing prussian blue and chrome yellow together.

Chlorophyll is tasteless, it seems to be inert, at any rate it can be swallowed in large amount without ill effect. It is found throughout almost all the vegetable organic kingdom. The poisonous plant and the edible cereal are alike bountifully supplied with this pigment, which with truthfulness may be called nature's own dye, for it has never been produced artificially.

Chlorophyll will not form in plants excluded from the light, plants which grow in darkness being white; examples of this fact can be frequently seen in potato sprouts grown in the cellar, or celery which is covered with soil. Although chlorophyll is tasteless and inert, its presence under certain circumstances possesses a deep significance. When celery is green, although it may be young, we know it will prove tough and stringy. Experience has taught us that in this instance, the production of chlorophyll is accompanied with the growth of woody fibre; that conditions favoring the production of one, contribute alike to the formation of the other; each substance is produced independently. Chlorophyll, which is visible, advises us in this instance of the almost certain existence of woody fibre, but chlorophyll is in no manner connected with this fibre.

Potatoes grown partly upon the surface of the ground, turn green upon the side which is exposed to the sun's rays, the green coloring matter being chlorophyll. Such potatoes are unfit for food; they are acrid, and burn the tongue and throat; yet it is not the chlorophyll which imparts the objectionable properties. The light which produces the chlorophyll facilitates the formation of another organic substance, which imparts to the potato its disagreeable taste. Experience has taught us that potatoes of a green color are not desirable as food; naturally we have associated color with taste, until we have grown to believe that the innocent chlorophyll is the cause of the unpalatableness of the potato.

Although our medicinal plants contain chlorophyll in large amount, there is in one sense no connection between this green coloring matter and the proximate medicinal agent. The chlorophyll of lobelia, belladonna, hyoscyamus, etc., like that of the potato and celery, is formed under the influence of sunlight, which also favors, in a majority of cases, the production of those substances from

which the plant derives the power of exerting upon the animal economy its peculiar action. There is no real connection. Conditions which favor the generation of chlorophyll are favorable to the formation of a majority of the active principles of our plants, from which fact we naturally prejudge, arguing that when a plant has arrived at maturity, it should be gathered and cured very carefully so as to preserve the green color.—*Eclectic Medical Journal*, April, 1876.

To the foregoing we will add that our subsequent experience in plant pharmacy fortifies us in the belief that chlorophyll in itself has no therapeutic quality, recognized in medicine at the present time, but that, as indicated in the beginning of this article, it is sometimes so closely connected with structural bodies, as to render it impossible to separate it from them, without changing the nature of that structure. Were it not true that it is not the green pigment of the plant that is therapeutically energetic, such poisons as atropine and hyoscyamine and digitaline, as made from the plants yielding them, would have lost their value, because these have no touch of green. In like manner, lobelia, in which chlorophyll has faded, would have lost its emetic power, which, as we know, is not the case. We furthermore comprehend that the root of belladonna furnishes as poisonous an alkaloid as do the leaves, although the root at the start, is practically devoid of chlorophyll. In fact, at the present time, as was the case thirty years ago, no pharmaceutical preparation in the market, carries any therapeutic quality due to chlorophyll.

In closing this subject, it will, on reflection be apparent to many physicians who read the article, that chlorophyll in the preparations on their shelves, often fades. A tincture may change from green to even brown, and still, seemingly, have lost no therapeutic qualities. Ointments, green when first made, become yellow or even brown, but yet remain energetic. In fact, the fading of the chlorophyll sometimes occurs in a plant that does not reach its best condition until its bright green color has disappeared. This phase of the chlorophyll problem, however, would be the subject for an article in itself, the present paper being

devoted to the pharmaceutical side of the chlorophyll subject. A green coloring matter of plants, chlorophyll, as a rule, has no practical significance in medicine, although, as has been said, it naturally accompanies many structures from which, as in the plants themselves, it may fade in greater or less degree, without in the least disturbing their other qualities.

We should count time by heart throbs,
 He most lives who thinks most, feels the noblest,
 acts the best.
 Life's but a means unto an end; that end,
 Beginning, mean, and end to all things—God.
 —Bailey.

THE MOSQUITO AND ITS RELATION TO DISEASE*

J. P. RICE, M. D., ALPINE, TEXAS

To all who are studying the mosquito question, the first thing needful is to be able to distinguish the different species. And to make this distinction is equally necessary, whether investigators are merely studying for the love of the subject or are participants in the mosquito war now so actively in progress in many parts of the country—indeed, all over the world. The mosquito belongs to the family of Culicidae, under the order of Diptera, which includes all flies and gnats. There is no use in going half a mile to oil a muddy meadow for *Anopheles* when the offender is *Stegomyia Calopus* multiplying on the premises; nor in hunting vainly about the vicinity for possible breeding places, when the pests have come from some distant salt meadow.

The family is characterized by the possession of a single pair of membranous wings, the hinder pair being represented by two little stemmed knobs called the halteres or balancers; by a suctorial mouth and many-jointed antennæ. The word "mosquito" comes from the Spanish "musco," meaning fly.

All mosquitoes do not, by any means, look alike. They vary exceedingly, both in color and in size. Some are plain brown, some black and white, others yellow or iridescent

—gorgeous fellows some of them, spotted and striped in all sorts of combinations. As for sizes, they run from the tiny chaps an eighth of an inch long, up to the giants of the tribe which can proudly boast of half an inch.

The body of the adult consists of head, thorax, and abdomen. The head, in great part, is made up of the immense oval compound eyes. The beak, in the female, and the antennæ in the male, are the most conspicuous structures of the head. The construction of the beak is adapted to piercing or sucking.

The lanciniae in the female are strong lancets, fitted for cutting, and bear recurved teeth on the outer side near the enlarged apex. The male has no lanciniae.

If the insect is allowed to take its fill, it will draw back the injected saliva, it is said, there is then, as a rule, no after-effect save a small red spot; but if the insect is killed or driven away, the itching is intense. The sharpness of the bite and the effect of the poison appears to vary with different species of mosquitoes as well as with different victims. The current belief is erroneous, viz.: That the local reaction consequent upon the mosquito's puncture is due to the poisonous saliva injected, that it is the direct result of the initial action of an enzyme elaborated by these commensal bacteria, which are always present in greater or less quantities.

The study of the ways of the different species in their various stages offers an intensely interesting and almost inexhaustible field of research. Especially to those workers concerned with the extermination of the pests the knowledge of the habits of the common forms is of the utmost importance.

Mosquitoes do not appear to be fond of strong sunlight. Even the yellow fever mosquito, the "day mosquito" as it has been termed, does not care to fly or bite in the sun at mid-day.

During the bright part of the day mosquitoes generally hide in dark, preferably cool, damp places, under leaves, bark, grass, in cellars, wells, cisterns, lofts and barns, and in the darkest corner of rooms.

*Read before the T. E. M. A., Dallas, Texas, Oct. 27-8, 1908.

However, although the malaria carriers, anopheles, are commonly believed to bite at night, yet they have been observed to bite in the afternoons. Mosquitoes in the home are apt to take refuge behind pictures, or cunningly to settle on dark wood rather than on light, where they would be more conspicuous. They conceal themselves in closets, back of the head of the bed, or the bureau and under the furniture.

The anopheles have a particular fondness for suspending themselves on the lower side of tables or of any horizontal object. All mosquitoes like dark, poorly aired rooms, viaducts, stone archways, box privies, stables and damp, bad smelling places in general. Some mosquitoes will be found only near dwellings, others in bush or meadows, others in salt marsh or swamp, still others dwell in the woods. Anopheles seems to be most cosmopolitan in selection of habitat.

It is a popular supposition that all mosquitoes lay their eggs in the form of rafts. As a matter of fact only seven species of thirty-two formed boats, the rest all depositing their eggs singly.

Mosquitoes then are divided into two groups:

First. Those whose eggs are provided with a special apparatus for flotation, which so perfectly accomplishes its purpose that these eggs cannot be completely and permanently submerged by any manipulation which will not destroy them; and

Second. Those whose eggs are not thus equipped, but which will remain upon the surface of tranquil water by virtue of the air entangled in the reticulated membrane enveloping the individual egg.

The eggs of the first group are deposited in boat-shaped masses, and then being found to be intolerant of any lengthy dessication; refusing to hatch after seven hours' drying.

Anopheles eggs often remain for several weeks on the surface without hatching. As a rule, however, the floating eggs must soon produce larvae or perish.

Many people imagine that mosquitoes are in the habit of breeding on wet grass from the frequency with which adults are found

there, but this notion is erroneous. The insect may sit upon the water or at its edge. Single eggs, except those of the anopheles, soon sink, as a rule. The eggs lying at rest on the bottom, develop the embryos rapidly, usually in warm weather in from 24 to 49 hours. If left undisturbed, they may remain unhatched for more than a year. After 24 to 48 hours, according to the species, if the pool be stirred up in some way, as by a rain or by an animal stepping into the pool, etc., hatching occurs, often in less than half an hour. The larvae of the same batch will not all come out at once, but keep on emerging, a few at a time, for several hours or days; others will remain quiescent until a second or third stirring up.

As the single eggs will resist drying almost indefinitely, we logically conclude that this accounts for the appearance of larvae in a pool freshly formed by a rain where there had not been any water for weeks before. The eggs, laid in a former pool on the spot, have been left on the ground as the evaporation took place. The rain makes a new puddle, the eggs are washed about and shaken up, and, often in two or three hours, before there has been any time for oviposition, laying, and hatching, the pool swarms with tiny larvae. The majority, if not all, of the single eggs lay over winter as eggs, at least in the north; the early spring rains, as soon as warm enough, bring out the wigglers.

Another popular superstition is that a mosquito takes but one meal and then dies, and the author has heard people declare that the insects will sometimes drink until they burst. We must give them credit for not being quite so greedy or foolish as that. As for their making only a single repast, it is far from the truth.

Mosquitoes are a great nuisance to birds, and fanciers say that they often cause the death of caged pigeons, canaries, and others, so that it is well to cover cages of pets with a net.

Some people appear to be less attacked by mosquitoes than are others. Curiously enough, different species sometimes appear to have preferences. Possibly the acidity of

the perspiration makes a difference. And the effect of the bite of some species is much more painful than that of others; this also, however, varying more or less with the individual person. The results of the poisoning are, at times, extremely painful.

The only reason a male mosquito does not bite, is because he cannot. In most species the mouth-parts are not sufficiently developed to pierce the skin.

It seems that only the female hibernates, as a rule, and that these are impregnated in the fall. Usually not until after the first biting in the spring are the eggs deposited.

It seems wonderful that, fragile as they are, mosquitoes should be able to survive the cold of the arctic region, but it is well known that they are there met with in almost incredible numbers. People who have returned from there tell the story which proves that in that region, at least, they are not an unmitigated curse, despite their abundance and fierce appetites. It seems that, in the river districts of Alaska, where the ice breaks up and melts in the spring, the hunting of game over the soggy ground and through the melting snow is impossible, while the ice-cakes in the flooded rivers effectually prohibit any fishing. At about this time the stock of food laid in for the winter by the Indians has run low, and matters would sometimes be rather serious for the tribes did not the mosquitoes fly to the rescue.

At this season these insects appear in countless hordes, clouds upon clouds, all ravenous for their first spring meal. Falling upon the deer and even the bear, they so torment the poor animals that they rush to the rivers to rid themselves of the blood thirsty enemy, thus falling an easy prey to the watching Indians.

How long do mosquitoes live? With our present knowledge the answer to this question must needs be "Indefinite." For we know that adults of some species live all winter and a part of the preceding fall and succeeding spring. We know that the anopheles must live long enough to digest at least two feeds of blood, the malaria receiving and the distributing meal; and that the

development of the plasmodium must take place between these two meals. We also know that the stegomia cannot transmit yellow fever until twelve days after it has bitten a yellow fever patient. We know that they live for months during the dry season.

Part II

It is said there are 5,000,000 deaths a year in India from malaria. It is sad to relate that, in spite of all that has been said and published on the subject of the transmission of malaria by mosquitoes, there still remains a deep-rooted prejudice in the minds of the populace against "night air." The tenacity of that idea amounts to superstition. There are some people who apparently cannot possibly apprehend the fact that, as long as they screen off the mosquitoes, they may sit on a porch or leave the window open all night with impunity.

The connection of mosquitoes and malaria, however, is not a modern theory. Nuttall says that the Romans nearly 2000 years ago mentioned this connection. Dr. H. A. Veazie, goes farther back than that. He states that he once read somewhere that some ancient Egyptian physician named Mah said that "malaria was a disease produced by a parasite in the blood, but the organism was so small that the human eye was unable to see it."

How Mah, without a microscope, could evolve that notion is a mystery, and the tale smacks somewhat of the Sunday papers.

To come down to more recent times: In 1833 Dr. A. F. A. King discussed at length the etiological relationship of mosquitoes to malaria. In 1843 Dr. J. E. Nott published his opinion that the mosquitoes transmit the disease. Larwan, a French physician, in 1880, finally and conclusively proved the cause of malaria to be the parasite.

Flynge, Welch, Ross, Manson, and Koch and scores of others have toiled with infinite pains over the various phases of the problem.

In 1894 Manson took up the theory, and from this time may be said to date the present scientific interest on the subject. He supposed that man took in the parasite from

water and dust, that the mosquitoes took theirs from man, that the flagellated forms developed in the stomach of the insect, that finally the flagellae broke loose and, after penetrating the tissues of the insect, proceeded with their extra corporeal development and reproductions, being returned to the dust and water.

Surgeon Major Ross, during his experiments in the hypothesis of Laurens and Manson in 1895 in India, proved that the parasites taken by the mosquitoes from infected patients developed in the stomach of the insect to the flagellated forms. In 1897 he finally discovered the parasite in the tissues of the anopheles. In 1898, after experimenting with the "bird malaria" due to proteosome, he found that a thread-like spora developed and made its way to the salivary glands of the mosquito, and demonstrated the whole life history of the bird malaria, even to the transmission of infection by bites of culex.

In 1898 also, Bijlami, Bastinelli, and Grassi of Rome, for the first time succeeded in producing malaria experimentally in man by bites of mosquitoes. Dr. Grassi, applying Dr. Ross's theories, also traced out the full cycle of the human malaria parasite. Ross's researches were confirmed and amplified by Koch and Daniels in 1898 and 1899. Since then many have worked with the disease and have thoroughly established the fact that malaria is due to a parasite taken from an infected patient by a mosquito, and that that mosquito must be an anopheles. With the protosome of birds, as well as with estivo-autumnal and tertian fever in man, every step in the chain of development has been demonstrated.

Many attempts have been made to transmit malaria by subcutaneous injection of dew and water from malarial regions, by infection through breathing the ground air, or by drinking the water from those regions, and have failed.

The experiments of Dr. Patrick Manson in London in 1900, served to confirm the theory. For those tests, Dr. T. Manson and Dr. R. Warren offered themselves as sub-

jects. They permitted themselves to be bitten by anopheles infected in Italy, and in eighteen days both developed the fever, tertian parasites being found in their blood by experts.

In the same way Drs. Low, Sambose and two others spent the fever season in Ostio, Central Italy, right in the midst of the dreaded Roman Campagna. No quinine nor other drugs were used, but the men were careful to retire into a well screened hut an hour before sunset, going freely about all day. Not one of them contracted malaria.

The cause of malaria, as stated above, is a protozoan. Now, a protozoan is not a bacterian. It is an animal, a unicellular animal. They are microscopic in nearly all cases, but are sometimes two or three inches in length. They consist of a single nucleated cell. They are found almost everywhere, mostly in water, especially where it is stagnant, but a certain number, comparatively few, however, exist as parasites. They not only have caused terrific epidemics among fish, birds, domestic and other animals, but have also slain their tens of thousands among the human race.

The malaria protozoan belongs to the group of spore producers. And depends on a host for the life cycle. Without a host the sporozoa will die—this not being the case with bacteria, which, with few exceptions, can be reared on nutrient media such as bouillon or gelatin. The protozoa can get out of the body of an animal, human or otherwise, in only one way, by the aid of the mosquito. Within this insect, they complete their life cycle and by its aid they are again transmitted to the proper host.

In the case of bird malaria the carrier is a culex; in the case of human malaria an anopheles. No protozoan parasite can possibly pass from host to host of one species without the intervention of an animal of another species.

We make a great fuss about mosquitoes giving us malaria, but as a matter of fact it is the mosquito that has the malaria, and that is the "primary host," in which the spore matures, conjugates, and produces the

stage when it may be passed on to man; therefore we are the pests who give malaria to the mosquito.

In from seven to fourteen days after the unsuspecting creature has bitten a human being with blood full of crescents or pigmented spheres, it is able to retaliate, having a salivary gland full of parasites, so that the person bitten by that mosquito will develop his case of chills in anywhere from two days to three weeks, according to the dose of parasites received, their kind, and perhaps also the patient's natural resistance or vitality, as different people are more or less immune.

When your teeth are chattering, and all your bones are filled with a thousand aches, and your head feels like an over-ripe pumpkin in the sun, it is small comfort to meditate on the marvellous transformations going on within your blood.

The best place at which to start in following the life of the parasite is at the plasmodium stage. At this period the animal is a single cell, a shapeless, jelly-like lump appearing as a spot inside a red corpuscle, where it moves or flows about, with the streaming motion of an ameba, feeding on the corpuscle and destroying its red coloring matter (hemoglobin), until the corpuscle is all eaten up except its wall.

When this has come to pass, the parasite, having literally eaten itself out of house and home, finds it high time to be moving. It has devoured all there is to devour. The next stage is a nonsexual reproduction.

First the nucleus of the cell splits into several daughter nuclei (a nucleus is a sort of lump of specialized, dense protoplasm within the cell protoplasm, or jelly, and on it evidently depends the life of the cell.) Each of the daughter nuclei proceeds to take its equal share of the property—that is to say, the protoplasm of the mother cell. This done, they burst out through the membrane of the used-up corpuscle and go house-hunting, each locating in a new corpuscle.

There is probably a certain amount of poison set free from the broken corpuscle when the young amebulae, now called spores,

when outside the corpuscle, break loose; the amebulae being supposed to produce a toxin while eating the contents of the corpuscle, this poison consisting of the waste products of the amebulae's digestion. This toxin, when set free in the blood, affects the temperature, the result being a chill. This is supposed to be the time for quinine. There being no corpuscle wall to protect the spores, they are free in the blood serum, and then the drug has the best effect.

If no medicine is given, the spores simply go on invading more corpuscles, the victim meanwhile becoming worse. The blood becoming more and more impoverished even to the malignant form of hemoglobinuria, both of which conditions were formerly combated with enormous doses of the alkaloid quinine; now most physicians terminate ordinary malarial fevers with relatively small quantities of quinine, and eschew its use entirely in the treatment of hemoglobinuric fever, believing its action harmful rather than helpful. In their opinions they are sustained by high authority.

Wherever the seasonal prevalence of mosquitoes has been made the subject of careful investigation the period of greatest intensity of malaria has been found to coincide with that of the greatest prevalence of mosquitoes of the genus *Anopheles*. It is not a disease necessarily concomitant with a tropical climate.

Yellow Fever

Although the parasite of yellow fever has never been found, the chances are that, like malaria, it is a protozoan. There are striking resemblances between the two diseases. Both occur in low areas and are commonest in the situations where, and seasons when, mosquitoes are most abundant, disappearing after the severe frosts, which drive the insects into hibernation. Direct inoculation of the blood of a patient will convey either disease.

The shortest period of incubation within the insect is twelve days. The invalid usually manifests the first symptoms within five days after having been bitten, and the germ

is accessible to new mosquitoes only during the first three days of the fever.

To be on the safe side, however, the physician holds the patient as possibly infectious for four days, and the mosquito so on the tenth.

The shortest time in which the disease can be transmitted from one patient to another is the sum of the two periods of incubation, that of the insect and of the human—fifteen days in all.

Yet, in spite of all the experiments of Reed, Carroll and Agamonte in Cuba (described at length in Dr. Howard's "Mosquitoes," and in other publications), which clearly demonstrated that supposedly infected clothing, belting, or other articles cannot possibly convey the disease, that only the bite of an infected mosquito or the subcutaneous injection of blood taken from the general circulation during the first and second days of the fever can possibly transmit the infection, and in the face of recent demonstrations of the facts in New Orleans and elsewhere, there actually remain physicians who still cling tenaciously to the notion that the disease may be carried otherwise than by the mosquito. Not long since, I talked with one who still insists, though he admits the mosquito theory, that it may also be conveyed after the manner of typhoid.

Yellow fever has never been contracted, so far as experiment goes, from air, soil, water, or any other infected media, nor even from dead bodies. This all agrees with the protozoan theory, and it is conclusively proved that yellow fever is not contagious.

The work of the French Commission at Patropolis, a town at an elevation of 3,000 feet at a distance of twenty-five miles from Rio de Janeiro, is a good illustration of the case. It is said nobody can find *stegomyia* in Patropolis, and nobody ever developed yellow fever there spontaneously. The French Commission produced it there, however, by the bites of infected insects brought by them from Rio. There is yellow fever continually in Rio, and also plenty of the mosquitoes. Non-immunes with business in Rio make it a habit to sleep at Patropolis.

The recent epidemic in New Orleans might have been easily prevented had the inhabitants listened a couple of years previously to the warnings, and followed the advice of Dr. Kohnke. He was unfortunate enough to be ahead of his time and to have to deal with a large number of illiterate foreigners, as well as with an unscientific and somewhat careless better class.

Dr. Kohnke prophesied—and had the reward of a prophet. He explained, he lectured, he tried to have the cisterns screened, he did everything that he could; some laughed openly, some listened and did not understand, others deliberately turned their backs. Most went on carelessly, thinking that there were a great many more vital questions than that of mosquitoes. Then they woke up, after they had it. But, when they awakened, they fought, and the result was as great a victory as that won by any general or admiral of modern times.

Remedies may be treated under two heads, when in reference to a single house or a small number of dwellings: and general when in reference to a very large area.

If your house is infected, the best thing to do is to find out what sort of mosquitoes they are, then you will know where they are apt to be breeding. Next, if they are from a distant salt marsh, you will have to screen. If not, find their breeding place. If it is water standing in a receptacle that can be dumped, dump it; if it is a puddle that can be filled by a few barrels or a carload of earth, fill it; if that chances to be impossible, oil it.

An ounce of cheap kerosene or fuel oil applied carefully with a spray or otherwise, will cover fifteen square feet of surface, and, if not in a place exposed to currents of wind, will last for several days, trapping the adults that come to deposit, as well as suffocating the larvae and pupae by entering their breathing tubes when they rise to the surface. All bodies of standing water which cannot be drained, filled or screened, should be oiled at least once in three weeks.

It is suggested keeping a half tub with about six inches of water in the bottom for

the purpose of attracting stray insects to deposit eggs therein, and emptying it every day or so. This during early spring catches the species which hibernate in or around the house. It is an excellent way in which to control the breeding about a house, but needs careful attention.

Cellars should be fumigated, especially to kill hibernating specimens in the fall. Cisterns or rainbarrels should be screened, or, if this is not possible, oiled. Oil also keeps the dust out. All cesspool covers should be tight, and their ventilators screened. Manure pits should be covered or oiled with fuel oil—not with a germicide. Water in chicken coops, etc., should be changed regularly, and gutters, etc., should be systematically inspected at intervals of from three to five days. Plumbing and pipes should be kept in order. Nearby vacant lots should be visited, and cans and other collectors of water emptied and smashed or buried. Greenhouse tanks are a prolific source of mosquitoes. Oil will remedy this. *Anopheles* is apt to breed in the overflow of clear springs; this should be watched for and the overflow led in a clear drain. Postholes, cow tracks, and other small holes should be filled in with earth and ashes.

Lily ponds or watering troughs, where oil is undesirable, should be stocked with small fish.

As to chemical destroyers, if one does not object to the odor, kerosene or fuel oil are cheap and sufficient remedies, especially for sewer catch basins. Soluble crude petroleum or Phinotas oil, made by a company of that name; the last is quite expensive, but as it poisons the water thoroughly and becomes mixed through it, it continues effective against the larvae for some time, even when considerably diluted. It is the most effective of all larvicides, both suffocating by film and poisoning the larvae. It is good to use in places where oil would be found objectionable. It kills larvae and pupae in a very short time, but as it kills everything else, it is useful for only lot pools, cess-pools, sewers and the like.

Kerosene does not harm fish, or aquatic insects that do not breathe at the surface. It

acts well in salt water, the chief trouble being that the wind drives off the film. This oil is not disinfecting, and, after a few days, may impart a slight taste to water in cisterns or barrels, unless the film is very thin. An ounce, sprayed on, covers fifteen square feet, and it kills not only the larvae and pupae but catches the adults; it is, therefore, by virtue of its simplicity, cheapness and efficiency, the best larvicide for many purposes, where the odor is not offensive nor disinfection desirable.

Nothing is eternal but that which is done for God and for others. That which is done for self, dies.—*Aughey*.

THE TREATMENT OF VARICOSE ULCERS

LOCKBURN B. SCOTT, M. D., WASKABA, MANITOBA

The editor's comment at the foot of Prof. Royce's article on treatment of varicose ulcers in the February number of *THE THERAPEUTIST* would lead one to suppose that the method advocated was considered a new departure. I had been of the impression that it was quite a common method, having seen it in hospital and private practice; but your note together with a somewhat recent experience, indicates that it is not as widely known or practised as its merits deserve.

A few months ago a patient came under my care who had a large ulceration of many years standing. She "had suffered many things of many physicians." The patient was a woman of 64 years, who had raised a family of 16 children. For upward of 30 years she had been troubled with varicose veins, and for over 25 years had had ulcers constantly. Strapping with adhesive straps and a whole regiment of salves, ointments and applications had been in use with, at most, slightly palliative effect.

When the case came into my hands the woman was in constant attendance, night and day, upon her husband who was suffering from severe prostatic disease and demanded incessant care from the wife, who was about the only one he would tolerate, being of an irascible temperament. The

poor woman was suffering torture only second to that her husband was enduring, and rest was out of the question. At night she would lie down in her dressing gown and catch a little sleep, rarely an hour at a time, and all day long she was kept in constant motion endeavoring to satisfy the real or imagined wants of her patient. So much fortitude did she display that it was not until I had been for several days attending the husband that she even mentioned her trouble, having concluded that it was one that could not be helped but must be endured.

When incidentally the matter was mentioned one day I asked to see the ulcer, and found a greatly irritated ulceration extending nearly all the way around the leg, and the whole skin from the ankle to the upper calf showed the signs of many similar conditions. At once I suggested the treatment which Prof. Royce outlined in the article alluded to. The disheartened reply was that it could hardly make matters worse and if it was likely to do any good I might try what I liked.

The leg had been kept carefully washed with creolin solution and cleanly bandaged, so was not in the usual foul condition of such sores. I removed all dead skin so far as possible and proceeded to follow the plan outlined by Dr. Royce but with an important modification. I freely applied an antiseptic dusting powder of which aristol was a chief ingredient; then I applied my bandage over the ulcer and all, bandaging from the toes to well above the highest point of the enlarged vein. I first applied the dry bandage, then a coating of the dressing followed by further alternate layers until I had some eight or ten thicknesses applied. This for the reason that as the patient was of necessity upon her feet a great deal of the time, I wanted as much immobility of the part as possible. The immediate application gave relief from the burning, throbbing pain that had been a long accompaniment.

This relief, however, was of short duration, for during the next 24 hours the pain of the part was acute and had I not encouraged her

by the positive assurance that relief would follow, the dressing would have been removed during the night. However, she felt that some consideration was due me, and for that reason chiefly, she endured her sleepless and painful night and was rewarded towards noon by a cessation of the pain and in the afternoon assured me that she had not been so comfortable in months. I left the dressing in place for eight days, then removed it, to the patient's surprise with almost no irritation of the ulcer, and found a decided improvement in the condition in every way; washed and cleansed the part as before and reapplied the dressing, this time without the pain of the preceding application.

This treatment was continued for about a month, when the husband died, and the need for her keeping up was removed; in fact when the change came she was so generally worn out that she was compelled to spend a couple of weeks in bed for general recuperation. I took advantage of this, to treat the ulcer with moist boracic dressings until it was completely healed over; then, as moderation in exercise was possible, I applied bandages made of common grey flannel cut on the bias and washed daily to restore their elasticity, these bandages being applied over a gauze dressing.

It is now just a year since this latter treatment was begun, and my patient is today much more active in her movements than many young women, and has been entirely free from trouble, except for a brief time when she unwisely discarded the bandage and neglected to protect the new skin, which, of course, will never have the resistive powers of normal skin. An ulcer quickly developed; but with rest, boracic dressing and pressure it soon healed over and no trouble has since occurred, the flannel bandages being applied every morning before rising and kept in place until the patient is in bed again at night.

In this case, owing to the long standing and severity of the trouble, I have warned my patient that she will probably never be able to safely discard the bandages; but so immeasurable is her relief that she does not for a moment think of the inconvenience of

applying the bandage, but constantly rejoices in her release from the suffering of many years. This is not my only experience with this dressing; but being the most severe in my practice I quote it as an instance of what this method will accomplish. I am satisfied that an ordinary ulcer treated at an earlier period of its history can be completely and permanently cured by an intelligent adaptation of this means to the special condition.

EPILEPSY

DANIEL G. LASS, M. D., OCHEYEDAN, IA.

Epilepsy is a symptom. This is often declared. But of what? you ask. There is the rub. In organic cases it can be answered, since the lesion is demonstrable, but in the functional or idiopathic cases, there is no demonstrable lesion, and these comprise about (at least in my practice) 75 per cent of all cases of epilepsy. The latter class of cases has given me more hard study, in endeavoring to discover the etiology, than any other class of cases that has come under my observation as a general practitioner. My list of idiopathic cases, in which I have attempted to find the etiology, numbers only ten, and in only one case, the last one of these to treat, have I succeeded in diagnosing the exciting or determining cause, before instituting treatment. As a result I was able to remove the cause and I cured my first and only case of idiopathic epilepsy.

As a boy with a new pair of boots wants to show them to all the kids in the neighborhood, so is it my desire to tell the therapeutic family all about it. Of course one swallow doesn't make a summer, who said it did, but I am trying to discover the "Cause of any given case of Epilepsy." The treatment in my successful case would be one of benefit to you; if you should be called upon to treat a case of Epilepsy, presenting the same symptoms, indications if you please, that my case presented. Now it begins to dawn upon you how fallacious it is to treat the name epilepsy, and irrational to give all cases the same prescription. My patient, Master D., age 9 years, came to me six months ago, with the

history of having had for the past three years epileptoid convulsions. The history given me was that he would be seized suddenly with an agonizing cry, would fall down and be in a convulsion lasting about five to ten minutes during which time he would have a rapid, feeble pulse; after restoration of consciousness he would get up and except for a soreness in his back, (lumbar region) which would last twenty-four to forty-eight hours, would be apparently well again. He averaged about two such seances per week. For the above he had been doped by other physicians with the everlasting bromides to such an extent, that when I stripped him in my office for an examination, the first thing diagnosed was bromide acne.

I found on deep pressure anteriorly and on ordinary pressure posteriorly over the right kidney considerable tenderness. That led me to look at once to the right testicle and the same was found retracted. The urine showed a little sand in its otherwise negative condition. When on questioning the father if the lad had ever passed a little blood (occasional hematuria) was answered in the affirmative. To make a long examination short for the printer, a diagnosis of nephrolithiasis as the exciting cause was made and announced to the parents. All former medicine stopped and treatment given with the result that in just twenty-four days he passed the stone. This happened four months ago, since which time the boy has had no more epilepsy and he was cured, simply because the cause was found and removed. Now some can't hardly wait for the prescription, but haven't I told you we have no cure for epilepsy, only as we can find the cause and remove that? I prescribed for this lad specifically, and as follows:

Sp. nux vomica		drops 10
Sp. podophyllum		drops 10
Leptandra		drops 15
Gravel root		drams 4
Water, q. s.		ounces 8

Mix. Sig.: Take a teaspoonful in a half of a glass of water, before meals and at bedtime.

Brief Contributed Articles

CRATAEGUS IN DIABETES INSIPIDUS

A. W. JERNIGAN, M. D., EVENING SHADE, ARK.

I give herewith to the readers of THE THERAPEUTIST the results of my experience with the use of *Crataegus oxyacantha* in the treatment of diabetes insipidus in children. This treatment is referred to in a paper of mine on *Crataegus* which was published in the March number of THE THERAPEUTIST.

About a year after I took up the study of this drug, I was called upon to treat a child, two years of age, who was suffering from one of the most severe cases of this disorder that I have ever seen. The child was passing a very large quantity of urine, the evacuations often at times occurred every fifteen minutes, during the day and every thirty minutes during the night. The little patient was greatly emaciated, and showed in every feature the ravages of the disease. It was so nervous and irritable that it was with difficulty that I was enabled to make an examination, and this was a very superficial one. The pulse was rapid and very feeble, and the extremities were cold. There was constant thirst and the patient slept but little.

The child had been treated by several physicians, in another locality, with little or no benefit, and for two or three weeks I tried the remedies which are usually advised with no better results. In my study of the pathology of the disease and in my anxious effort to find a remedy which would meet the requirements of this particular case, I thought of *crataegus*. Previous to this time belladonna and passiflora had been given without results, but I combined it with *crataegus* as follows:

R

Sp. <i>Crataegus</i>	dr. 1
Sp. <i>Passiflora</i>	drs. 2
Sp. <i>Belladonna</i>	drops 6
Aqua. q. s.	ozs. 4

Mix. Sig.: Give one teaspoonful every two hours.

At the expiration of twenty-four hours, the child seemed less irritable, and on the third day the evacuations were certainly less frequent and there was a marked improvement in the general condition of the patient. I then discontinued belladonna and gave *crataegus* and *passiflora* at longer intervals. I gave five drops of *crataegus*, every three hours, and continued this for two weeks, giving the *passiflora* as needed. At the end of this time the amount of urine evacuated seemed normal in quantity. The *passiflora* was then omitted from the treatment, and *crataegus* was continued alone for more than a month. The child increased in weight and was soon fully restored to health. Of course, I gave careful attention to diet, clothing, bath, etc.

Since I treated the above case, I have had a number of cases of diabetes insipidus but presenting some variations from the above. These variations suggested variations in the auxiliary treatment, but *crataegus* was a remedy upon which I depended in all of them. The observation I made was that this remedy exercised its best influence when the fault seemed to be in the circulation and innervation. This improvement in the circulation and the tendency to congestion which was apparent by the dilated pupils and cold extremities and the enfeebled condition of the nervous system, I believe to be the underlying causes of this condition, and rather than the results of the disease, and these conditions have been permanently relieved by *crataegus* as set forth in this paper. Theoretically it seemed to me this drug should correct this condition and its practical use was demonstrated in every case in which I used it.

COMMENT.—I consider the above a very important observation. Both diabetes insipidus and diabetes mellitus in children have been most baffling conditions. Our resources in their treatment have been very limited. If we can find a place for *crataegus* in the treatment of either of these conditions it will be, indeed, a most important addition to our resources. I shall lose no opportunity to make thorough application of the remedy as suggested. I sincerely trust that others will do the same thing, and will report directly to me.

THE TREATMENT OF CANCER OF THE STOMACH

DR. E. D. JONES, M. D. BURLINGTON, N. J.

According to statistics in some states, there are more deaths from cancer of the stomach and liver than from any other form of cancer. I have in my time had the opportunity of seeing and examining over 500 cases of cancer of the stomach and from my experience with this disease, I have gleaned some facts that will be of interest to the profession. First as to the cause of this malady: I have found, as a rule, that it follows either neglected or badly treated indigestion or some form of dyspepsia. Our American people are tea drinkers. Tea weakens the nerves and coats of the stomach. As a result of this tea drinking, three out of five of our people have some form of indigestion or dyspepsia. A pound of tea contains 750 grains of theine, a toxin, also a certain proportion of caffeine, another toxin. These toxins not only weaken the stomach but the whole nervous system feels their weakening effect. I have found nearly all my cases of cancer of stomach were tea drinkers, and oftentimes they drank coffee also.

The coffee contains another toxin, caffeine. Please note the result of this tea and coffee drinking upon the human system. In thirty countries drinking much tea or coffee, twenty-five had a very high death rate from cancer, five had a moderate, and none had a low death rate. I find as a rule patients suffering from this disease are great meat eaters. In all countries where you find the people eat much meat there you will find cancer on the increase. Of twenty-five countries using the flesh of animals largely, nineteen had a very high death rate from cancer, five had a moderate and one a low rate. In countries where the diet is purely vegetable cancer is almost unknown.

In the diagnosis of this disease rapid loss of strength with dyspeptic symptoms and emaciation make us think of cancer. Belching of gas after meals and pain is felt at pit of the stomach extending to the back. The pain comes one or two hours after meals, is either sharp and lancinating or a dull twist-

ing pain, with vomiting. The contents of the stomach is frothy, then like coffee grounds of a sour and fetid odor. Where the pylorus is mostly affected a tremor may be felt above the umbilicus.

Treatment.—In the text books we are told that nothing but an operation offers any hope of a cure, but as an actual fact operations don't cure. They only hasten the death of the sufferer. In 1883 much was claimed for condurango as a cure for this disease. It had a thorough test as a remedy in the hospitals of America and Germany, but the percentage of cures was so small it is hardly worth mentioning. I want to call your attention to certain remedies that have proved successful in my hands, and that have stood the test of forty years practice. If we have a case of this malady and the patient can retain any nourishment and medicine, there is hope of a cure no matter how bad the case seems to be, would at least try this treatment:

Internally, I give Lloyd's fluid hydrastis, (made without alcohol) 20 drops, once in four hours, in a little water, also acetic acid, No. 8, first decimal dilution, 5 drops in a little water once in four hours, alternating with the hydrastis. Then I would apply over the region of the stomach compresses wet with acetic acid, No. 8, first decimal dilution. Keep the compress constantly wet with it. So far as we know the acetic acid is the only remedy known that will dissolve the cancer cells. In the diet discard tea and coffee entirely. Cold drinks are borne better than warm. I want to impress on your minds the value of milk in such cases. Put some milk in a bottle, shake it up well; give a tablespoonful, then in an hour, if they retain that, give them more of it. Most patients like frozen milk the best. With the above remedies, I have cured cases of cancer of the stomach, and now after fifteen or twenty years there has been no return of the disease.

A physician had given his wife up to die of this disease. I recommended the above treatment to him, he tried it and his wife recovered her health.

Another case of a lady given up to die by five doctors with the above malady was cured by these remedies. I feel it my duty to let the profession know of the above treatment for cancer of the stomach, as I think it will prove a priceless boon to humanity.

As I was the first physician in this country to make an attempt to permanently cure this form of internal cancer, my success has made me feel confident that we have remedies for this malady that we can depend upon.

CYSTITIS

G. A. BUDD, M. D., FRANKFORT, KY.

In the treatment of cystitis, while many specific conditions and specific indications are involved, there are general conditions underlying the whole, which are so important and so plain in each case, as to be in themselves quite specific. To two of these I have learned to give much attention; the first is local sepsis, and the second is the voiding of concentrated urine of an extreme reaction. The urine should be kept at a low specific gravity and should be neither markedly acid nor alkaline.

I have found that a majority of cases of this disease either acute or chronic in form will be benefited by the treatment which I shall name further on. During the past three years I have been acquiring a knowledge of specific medication, and in so doing I have learned to give a remedy for the condition that exists and not for the name of the disease.

In cystitis the inflamed bladder is irritable and usually will hold but a small quantity of urine. The irritation and inclination to evacuate is accompanied with tenesmus varying in degree in the cases under consideration. The urine produces a scalding sensation to the parts exposed in its passage, especially apparent in the urethra and in the neck of the bladder, with an uneasy feeling in the perineum. The bladder feels heavy and seems to drag in the pelvis. The urine may be either acid or alkaline and varies greatly in amount. At the same time there may be blood pus and other irritating sediments present. All of these conditions

are induced by infection, and as an antiseptic, which covers almost this entire group of symptoms, I use the following prescription:

R

Hexamethylene tetramine...drs. 4

Aqua q. s.....ozs. 3

Mix. Sig.: Take a teaspoonful in a glass of cold water every four hours.

No. 2.

R

Specific gravel root oz. 1

Specific epigea oz. 1

Specific chimaphilla.....oz. 1

Mix. Sig.: Take a teaspoonful in a glass of hot water every hour until the urine begins to flow freely.

I believe it to be very important that these patients drink a great deal of water. I often see to it that they take as much as a pint every two hours, in order that the quantity of urine is increased to at least a gallon in twenty-four hours. This will furnish an abundance of water to make a perfect solution of all the soluble constituents, and will reduce the specific gravity to a point below 1005. I expect to have an abatement of the aggravating symptoms in twenty-four hours, and much improvement in forty-eight hours. Prescription number two is given every hour in order to assist in producing this result.

You will be surprised to see how quickly the pain, tenesmus, mucus, blood and pus will disappear after diuresis begins. My opinion as to why this treatment is so effective is that the first prescription gives up its formaldehyde in the urine, which quickly renders the urine antiseptic. The second prescription stimulates the kidneys and produces a free flow of urine, which with a large quantity of water drunk, dilutes the urine and constantly irrigates the bladder with the formaldehyde solution which contains a very small solution of the renal solids. By this means the urine does not remain in the bladder to become decomposed, and if there is any residual urine it is in the form of an active antiseptic fluid.

Furthermore, prescription No. 2 has a soothing effect upon the mucous membranes

of the bladder which directly relieves the irritation. I believe the three drugs in prescription No. 2 act much better when given in combination, than either do when given alone.

A NUMBER OF PRACTICAL SUGGESTIONS

THAKUR RAM DHARI SINHA, L. T. M. S.,
MOTAHARI, INDIA

Diabetes.—During fifteen years of my practice, I have reduced sugar and frequency of urination in diabetes with pills made from the following formula, giving a pill twice or thrice daily. The result has been for the most part satisfactory, both to myself and to my patients:

The prescription is as follows:

Pulv. opii.....gr. $\frac{1}{2}$
Ext. belladonna.....gr. $\frac{1}{4}$
Iridinum.....gr. $\frac{1}{2}$
Extract nucis vomicæ.....gr. $\frac{1}{4}$
Extract genticianæ.....gr. $\frac{1}{2}$

Mix and make one pill.

Of course the bowels must have careful attention, and as far as practicable, the patient must have a starchless diet. I have treated about one hundred and forty cases with this formula and in at least 95 per cent of the cases the results have been excellent.

Sweet Milk in Acute Disease.—In the July number of your *THERAPEUTIST*, on page 211, reference is made by Dr. H. R. Powell to the disadvantage of using sweet milk indiscriminately in acute disease. I fully concur in his remarks. During the first year of my practice I used milk in acute cases a great deal, but my experience has proven that sweet milk is not always suited to these cases. It is apt to decompose, producing typhoid, anorexia, and sometimes diarrhea, attended with griping and uneasiness. Nitrogenous food, such as the casein of milk is not a suitable diet in these conditions, for the digestive power is certainly below par from diminished secretions, especially in febrile disease. The digestive organs in acute diseases cannot be expected to digest casein of milk, or meat, that especially in oriental countries where the staple diet is

boiled rice, pulse and vegetables. Milk may be a light diet for those who digest a pound of beef or mutton every day, but it cannot be a light diet for rice eaters.

Ricewater and certain soups are all that are suitable for such cases. It is not absolutely necessary that a patient should be fed in the acute stages, for one or two days, plenty of water (cold or tepid, medicated or plain) is what is required.

Since omitting sweet milk in acute diseases, I have not seen any complication, while with milk I frequently observe derangements of the liver and spleen.

Malaria.—In my country for those cases of malaria that are not benefited by quinine, or where quinine is contra indicated, I have found the following to accomplish excellent results:

R̄

Tincture iodidi (B. P.)...minims 2
Potassium iodide.....grains 2
Liquor arsenicalis.....minims 2
Glycerine.....dram 1
Aqua, q. s.....ounce 1

Mix for one dose. This quantity to be given every two hours, until from four to six doses are taken.

Spermatorrhea.—For several years I have treated obstinate cases of this disorder with a mixture consisting of the tincture of cannabis indica and tincture of belladonna, equal parts, two drops taken every three hours in water or milk. This acts as a true tonic to the sympathetic nervous system.

Orchitis.—I have found the following compound to give very good results in the treatment of orchitis:

R̄

Tincture of aconite.....minims 12
Tincture of apocynum.....minims 12
Tincture of phytolacca.....minims 20
Tincture of iris.....minims 30
Aqua, q. s.....ounces 6

I give this entire quantity in doses of one ounce each every three or four hours.

Externally, I apply a saturated solution of the sulphate of magnesium with an equal quantity of glycerine, and a few drops of carbolic acid, generally making the quantity

of acid equal to about one-fortieth of the glycerine. Gauze is saturated with this and applied to the inflamed organ and renewed every eight hours.

COMMENT.—These suggestions of the doctor seem to be very good ones, and appeal to me as in advance of the ideas of many practitioners of his country whose writings have appeared in our current periodicals. The doctor has certainly made a study of direct remedies.

TYPHOID FEVER

DR. J. H. ROSENBERG, OMAHA, NEBRASKA

Being an old physician and having the confidence of my people, I usually get the case in its first stage; if the case has been badly managed the first week, I do not take it, because that is the time to do the work.

The inevitable sign of typhoid, is the great prostration of the nervous system. The first essential is: to free the alimentary canal of all morbid material, therefore, my first dose is one dram of olive oil, or one-fourth grain of calomel. This is repeated in one, two or three hours until successful. Then I give podophyllin in one-sixth or one-fourth of a grain doses, every two to three hours, but never more than one half grain in twenty-four hours.

At the same time I prepare two glasses half full of water, in one I drop thirty drops of baptisia and thirty drops of echafolta, in the other glass, one dram of hydrochloric acid. A teaspoonful is to be taken alternately, every fifteen minutes for three or four hours, then lengthening to half hours and hours, until the tongue shows that the stomach is clear. If I am not successful in twelve hours, I add one-sixtieth to one-fortieth of a grain of asepisin to every dram of the fluid containing the baptisia. The patient's mouth must be rinsed with a mild solution of bicarbonate of soda, after each dose of the hydrochloric acid.

If, in twenty-four hours, the skin does not eliminate freely, I order a sponge bath, containing sulphate of magnesium, sodium chloride, a tablespoonful of each, and echinacea one ounce to the pint. This may be given every six to eight hours, for two or three days, alternated with a bath in which

ten drops of hydrochloric acid is added to the pint of warm water. The muscles are to be massaged gently, to arouse the circulation in the cellular tissue, and to get the skin active.

At this time, I prepare a separate half-glass of water containing the following solution, varied according to indications: For the hot and dry skin thirty drops of asclepias; for the arterial circulation (small frequent pulse) three drops of aconite; for the inactive capillary circulation three drops of belladonna. Given one dram every hour.

This is my treatment for the first two or three days, by the fourth day I expect an entire change and drop the eliminatives.

The olive oil is stopped after twelve hours podophyllin after two or three days, aconite, after twenty-four hours use, belladonna in from one to two days, and probably asclepias in two or three days. I do not stop arbitrarily according to the number of days, but am governed by the condition of my patient. Should any of these remedies fail to respond I would give higher doses, or the same dose oftener until I had the desired effect.

On the third or fourth day, there will be indications for tonics. For the general tonic. I give eupatorium, sixteen drops to the half-glass of water, a dram every two hours; quinine, in the proportion of one-fourth grain twice a day. Quinine works best in fluid form.

Heart tonics are nearly always indicated at the same time and I alternate these with the eupatorium. If cactus is especially needed ten drops are added in a half-glass of water and a dram given every two hours. If crataegus, twenty-five drops; if convallaria, twenty-five drops; if strophanthus, three drops.

If the prodrome has been slow, the convalescence will be slow. The specific remedies are the best in the market to respond to careful treatment. I refer to these remedies only, when giving the dose. The indications given for them can be relied on.

With this mode of treatment, I conquer all my typhoid cases in from six to ten days and escape the death record entirely, not

having had a death in sixteen years; surely a good record for a physician in a large city. My people are usually business people and must get to their work as soon as possible. My aim is to act quickly and prevent the extreme prostration.

The greatest mistake that I find among the younger physicians is that they give an excessive dose at the first and thus get a condition which they can not control. They would succeed so much better, if they would give the smallest dose and gradually bring the system to the normal.

A CASE OF DROPSY WITH COMPLICATIONS

U. G. VANCE, SOMERSET, IND.

I desire to present to *THE THERAPEUTIST* the following interesting case. I give the facts just as I obtained them from the mother: The child, a girl aged four years, somewhat undersized for one of her age, of light complexion, when eighteen months old suffered from a severe attack of cholera infantum. The extreme diarrhea was checked very quickly and there was no bowel movement for four days. Active physics were then given, and from that time on, the bowels were very irregular, and in a short time the abdomen began to increase in size until it became greatly enlarged. From this time until she was three years old, she was seen by a number of physicians, some of whom claimed that it was simply a case of dropsy, while others failed to make a diagnosis.

Coming under my observation, I found disorder, not only of the liver and spleen but also of the heart, certainly enough to result in a clear case of dropsy. Beside this, she was anemic in the extreme, and there was constant pain over the region of the kidneys and through either side. For the pain, I applied libradol, and removed the distress completely at the time, there being no return for three weeks. There was no appetite, the bowels were sluggish, and the urine scanty. She drank but very little water, and desired all her food dry.

Up until very recently her legs and feet have been badly swollen. The effusion grav-

itating according to the position in which she lay. If she lay flat on her back at night, or on the right side, her breathing became very difficult. She was very quiet, sitting quietly in a chair all day. There was nearly always a little fever present. I made a careful observation of every apparent condition. I then put her on aconite for the fever, phytolacca for the glandular disorders; apocynum and convallaria, for their influence on the heart and especially on the dropsy. I advised a hot bath and when reaction would take place freely, I followed this with a cool shower bath, and then wrapped her in a very warm blanket until she perspired very freely about once each week, owing to her weakened condition. I expect to use these more frequently, as she increases in strength. She is now improving rapidly in every particular. As the other doctors gave her up, I feel reasonably well pleased with the result, but I want to make a complete cure, and if any reader of *THE THERAPEUTIST* can make any suggestions, I shall certainly appreciate them.

INTRAUTERINE MEDICATION

J. M. WATKINS, M. D., LULING, TEXAS

As the name indicates this is the application of a remedy or remedies within the cavity of the uterus.

The need or advisability of such a treatment was impressed very forcibly upon my mind in my early days in practice, and as days and years passed by, the more forcibly was I impressed with the need of some treatment that would offer greater relief to the suffering mothers and daughters of our country than internal medication could.

In one's early days in the practice of medicine he does not have the opportunity to examine his female patients he has after he has had some experience, and a young man in the country practising medicine has a very poor chance to practice gynecology, and what he does is from the poorest standpoint and as a rule with only a limited degree of success. He has to a great degree to console himself by only getting to examine that class of cases who have been the rounds, from doctor to doctor, and as a rule there is

no money in such cases, and the only good one can expect to receive from this class is experience, and by the way there is no gain for any young man starting out in the practice of medicine to turn down these cases, for it is on this class that we learn some of our most important lessons.

It was in treating these cases that I made the venture of applying medicine to the inner cavity of the uterus, and thus I learned a few lessons that I could not have learned from any other source and these lessons have been very profitable to me in the better treatment of a better class of cases. There was but little literature upon the subject of Intra-Uterine Medication a score of years ago. In 1904 Dr. Charles Woodward, of Chicago, wrote his book on intra-Uterine Medication for the treatment of various forms of uterine diseases.

It is he who has gone further into this subject than any other person and it is to him that I am indebted for this literature. I have followed closely the lines laid down by this author, varying of course as the individual case in charge might suggest, and my success has been greater since I began the use of intra-uterine medication than they were before with these chronics who are constantly going from one doctor to another with the same old story, "I have been to all the doctors in town and have failed to receive the relief sought."

These chronics are in every town and community, and they will patronize the one who can offer them the greatest amount of relief, and there is no means by which one can promise more relief than by intra-uterine medication, associated with the proper auxiliaries, internal medication and electricity, they both come in for their individual share of good in relieving these poor miserable sufferers.

Of all the cases that I have treated by the Woodward method I have only had one case of uterine colic, following this treatment, and that case I do not attribute to the treatment, but to a little negligence on my part, as I permitted the solution that I was using to get below the temperature required for such

work, that about the temperature of the body.

I want to state here that the only dissatisfaction that has ever occurred with me in this method of treatment was the patient referred to above, however she was cured of her ills and soon became pregnant, for which she gave me curses ever afterwards. In using this method the solution should never be used below 98.3-5°F. and not above 105°F., and another important feature in the treatment, the medicine as a rule should be alkaline in reaction and the same rule holds good for the treatment of an inflamed membrane within the uterus, as of the nose, throat or any other part of the body where there is inflamed mucous membrane.

There are many cases in every locality that the physician hates to see come to his office, for it is the same old story, "I am not any better, doctor, if anything I am worse." This individual may have all the reflex phenomena that follows a case of endometritis, either cervical or catharrhal. In this case dilate the cervix, if need be, wash the uterus out with an alkaline antiseptic, and thus get rid of all the mucus and exuda, then you have your field clear to use any other medication necessary.

Take a case of abortion of only a few weeks gestation, one in which the uterus cannot contract sufficiently to force out all of its contents, what are you going to do? Give medicine to try to assist Old "Mother Nature" to throw off the poison from the absorption of the remaining shreds that will decompose and will produce septic conditions if left to remain in the uterine cavity? No, use your curett, if need be, and intra-uterine medication, wash out the remaining debris, and she will make a good recovery and you will not have another chronic patient to add to your list.

Use intra-uterine medication judiciously, intelligently and persistently and thereby increase your practice, increase your bank account, and relieve suffering humanity.

Health and cheerfulness mutually beget each other.—Addison.

ICHTHYOL

C. O. COURTRIGHT, M. D., RUSEVILLE, ILL.

I have had some satisfactory experiences with the use of ichthyol which I trust may be the means of inducing others who may not have given this agent much thought to push their investigations further.

Ichthyol occurs as the ichthio-sulphate of sodium or ammonium. Both of these contain about ten per cent of sulphur. It is soluble in water. From one to ten minims is the dose laid down by Prof. Hare, but other writers put the dose much higher.

My own experience with the agent internally has not been very extensive, but since it contains sulphur I think it would prove a very potent auxiliary in the treatment of chronic dyscrasias of the blood. Reasoning from a physiological standpoint, sulphur may well be considered the king of remedies for conditions involving the blood and the secretions.

In the typical sulphur patient there is a positive dislike to water, and we know how indispensable water is to every tissue in the body. Medical literature teaches that where sulphur is indicated in children, we will find a well marked condition of malnutrition and the child will have the appearance of an old man or woman; that is, he will look haggard, with skin wrinkled and flabby, and there may be a desire or hankering after sweets, which craving, I think, ought to be appeased, since it is but a demand on the part of nature for a supply of a certain special element in the economy. I believe we can do much for such little subjects if we administer sulphur in a suitable form.

My experience with ichthyol as a local application has been most gratifying. In eczemas and erysipelas, it seems to meet the indications remarkably well, and to quite deserve the name of a specific. One patient, Mr. T., aged 66, who had the worst form of weeping eczema that I ever saw in thirty years practice, the entire body and limbs being completely involved—a typical case—was relieved of the severe irritation and finally radically cured by the local application of an ichthyol solution. In an obsti-

nate case of scrotal eczema it proved the most efficacious of anything tried.

I have given it internally for cough and bronchial troubles with throat complications with splendid results, and have great confidence in its therapeutic virtues when the indications are well met. I have used it with good results in specific infection of the urethral tract.

ABORTION (?)

M. E. ROSENBERG, OMAHA, NEBRASKA

(That Cat in a Strange Garret Again)

Having escaped safely, at my previous call to the sanctum of Ye Editor, I will try again.

Just inside the door seems a safe place, this office chair will prevent its being closed too quickly. They are all so quiet and seem so busy, I wonder if I will be heard if I speak clearly.

When may we resort to abortion?

I had better get out of sight until that recent graduate lays down that ponderous volume on Medical Jurisprudence. That is right, put it away until I get through with my remarks. It is not so many decades since I heard those lectures, from the grandest of men, Judge K.

But, is it never right to cut short the existence—. Where shall I hide? I fear my poor head. Will the door be closed before I can finish my sentence? I hear a voice from somewhere saying,

"Do you not know that it is against the 'Code?' The fossilized code.

"That, it is ruinous to cut off one's supply of bread and butter?" I want milk too.

"That the family will never call you after —." Your true physician uses his own judgment, regardless.

"That, he loses caste, who indulges in such nefarious business?"

"Well then, does not Death come boldly for his prey in just such cases?" Yes, yes; but, have you not noticed, that he who loses the most patients, is held the highest in the esteem of the community?

"Your own conscience should teach you better." My conscience says *abortion is always right when possible.*

Slam! Bang! Whoop! Whiz!

Not very good marksmen; I will proceed. To be clear perhaps we are not thinking of the same kind of abortion. I am writing of the abortion of disease. There is no disease that can not be eradicated if taken in time, in my opinion. It is only our limited knowledge that prevents us from doing so.

When the people learn to call the physician at the first symptoms of disease then will we be able to *abort* disease.

When once this stage is conquered, we will advance another step and with our good Editor in the lead, we will prevent disease.

Instead of being called after the greatest damage has been done by disease let run, patients will learn to come for preventive remedies.

We are starting with a fine list of remedies for this purpose. I will mention only a part of these.

Asclepias to prevent scarlet fever.

Belladonna to prevent measles.

Echinacea to prevent diphtheria.

Belladonna and capsicum for pertussis, that horror of childhood.

Podophyllum and echafolta to destroy carbuncles.

Quinine for malarial germs.

Calcium hydrate for furuncles.

Podophyllum, thuja and chelidonium to dissolve cancerous nodules and to eliminate through the circulation the waste products.

Quinine in the fluid form acts more quickly and better than in the commercial form.

Freshly made tablets of podophyllin eliminate more thoroughly than those long prepared. One-fourth to one-third of a grain per dose and a few drops of anise oil to the hundred tablets, gives better results than the crude drug, or the pill of commerce.

REMEDIES FOR PAINFUL URINATION

JOSEPH S. NIEDERKORN, VERSAILLES, OHIO

In the physician's daily work he frequently comes across some acute painful "urinary cases." They're in a "sure enough" distress and they tell you about their painful urination, the straining, the burning, whilst passing urine. I've had a large experience

in handling such cases, and I find in cantharis and gelsemium two of the grandest remedies for such afflictions that one could well wish. And I'll tell you when I use cantharis and when gelsemium.

Cantharis will not cure all of them, but it will relieve every case of frequent and painful micturition where there is *also* an intense burning, cutting, scalding sensation in the urethra or bladder during urination—the parts feel "like they're all on fire." But the dose *must* be small; I never think of giving more than one-third drop doses, and never need to.

Gelsemium will relieve the cases where there is frequent and painful urination which is accompanied with much straining but not much burning, and the straining continues even after urine has been voided, which is scarcely more than a teaspoonful; or there is a feeling of constriction of the urethra or neck of the bladder and the urine escapes mostly in drops. Give one drop doses, frequently repeated.

No need of combining the two remedies, and you will not do this if you know your business. Either one will do its work alone, if you will give it the opportunity, and do it well.

The intense burning sensation is characteristic of cantharis, and the spasmodic, straining and constrictive sensations call for the gelsemium.

HOW I CURED A CANCER

J. D. McCANN, MONTICELLO, IND.

A few years ago an elderly man came to the office with a highly inflamed and suspicious looking sore on the right cheek below the eye.

He had just been to two regular physicians who pronounced it cancer and advised an operation at once. One of them insisted that he should not go home, he living five miles in the country, but should take the first train for Chicago.

The sore had been of several months standing and by reason of his having driven in from his home against a strong wind the inflammation was excessive.

I advised him to go home, stay in doors for a time, apply an elm poultice to relieve the inflamed condition and then report for further advice.

Complying with my suggestion he succeeded in drawing from the sore a lump the size of a small grain of wheat, which on opening he found to contain the point of a brier. The sore healed quickly and there has never been any return of the trouble.

After the above results he related the following facts: "One day a few weeks before I noticed the trouble on my face I was driving through the woods sitting on the running gear of the wagon, a brier bush flew up and hit me on the face. I knew the brier pricked me but thought it all came out."

It seemed that the brier joint penetrated the covering of the bone resulting in what appeared to be a typical cancer. I write this to show how easily we may be mistaken and how important it is to obtain all the facts in making our diagnosis. Had Mr. G. gone to Chicago the removal of the small lump would have cured him, also separated him from a bunch of money. I was not in possession of the above facts and can take no credit for the cure only as the diseased spot appealed to me in its highly inflamed state. I say again get the facts, a specific diagnosis, a clear idea, and our treatment will give results.

THE TINCTURE OF COPPER

C. WESTON EDWARDS, M. D.

Copper as a medicine, has been brought forward a number of times in the consideration of its various forms, and usually with considerable enthusiasm, but no form has had general adoption. The arsenite is quite commonly used but copper itself has been given no specific place.

The late Prof. W. H. Davis, Professor of *Materia Medica* and *Therapeutics* in Bennett College from 1875 to 1885, was an enthusiastic advocate of the tonic influence of the tincture of copper. He occasionally advocated an acetic tincture which he believed especially valuable. He taught that in chlorotic cases and cases of general enfeeblement

where the blood was impaired, it stimulated the restoration of the blood cells, and where there was glandular enlargements with the blood dyscrasia, it would produce gratifying results.

A number of cases were reported by his students which proved that there must have been some influence from this remedy in overcoming the excretion of albumin in albuminuria. One case was treated with this remedy alone. The patient was greatly emaciated and of cachectic appearance. The pulse was weak and irregular. There was weight and uneasiness in the region of the heart. There were night sweats and some dropsy. The urine was loaded with albumin and occasionally blood was present.

This patient was given two drops of the tincture of copper, three times a day before meals. The quantity of blood excreted diminished slowly. There was no perceptible difference in the albumin for three weeks time, but from that time on, there was a general improvement, until the patient recovered completely.

This might have been a case of hematuria, only I have had a number of cases of this disease brought to me, which had been positively pronounced to be parenchymatous nephritis, which when treated for the hemorrhage alone, with remedies that would restore the blood and soothe the action of the kidneys, were quite readily cured.

If any of the readers of *THE THERAPIST* have had experience with the tincture of copper, as a blood restorative or as a remedy for albuminuria, let us have the benefit of those experiences.

TONGUE INDICATIONS

A white coated tongue denotes a febrile disturbance; a brown moist tongue indigestion, a brown dry tongue depression and deficient secretion, also blood changes, typhoid fever; a red moist tongue inflammatory fever; a red glazed tongue, general fever, loss of digestion; a tremulous moist and flabby tongue, feebleness, nervousness; a glazed tongue with blue appearance, tertiary syphilis.

Letters

A LIST OF REMEDIES

Editor Ellingwood's Therapist:

I have been again looking through *THE THERAPEUTIST* for November, 1908, which contains the article entitled "Representative Remedies." You surely flattered me by quoting so much from my remarks and you ask us to criticize the list. For my part I do not feel competent to do so on all the remedies you mention, as some of them I have seldom used, and do not know how to use them well, but others are mainstays in my armamentarium.

I use quite a number of the alkaloids and I find them excellent. If we were to have only one drug of a class to select from, one would have no chance to take into consideration temperament, idiosyncrasy, or the mental disgust of some remedies that we meet in patients quite often. For instance, I now never give morphine to certain neurasthenics, but use either codeine or hyoscyamus, or some drug to remove the cause of the pain instead of narcotizing the patient.

For my own benefit in diagnosing conditions, I divide disorders into two classes. Simple congestive and compound congestive derangements. The simple congestive disorders are all those in which the vasomotor nerves are acted upon by cold, heat, emotion, auto intoxication, etc., to produce localized congestion in some one or more of the organs, and which may be aggravated into a benign or nonseptic inflammation of any organ or organs. The compound congestive disorders are those in which the principal etiological factor is some germ, that added to the simple congestive disorders produces much greater disturbance and danger to the case; specific infection.

With this idea in mind, elimination and change of the action of the vasomotors will cure the first class quickly and pleasantly. The same treatment plus antiseptics, will

cure the second class in most cases just the same. If I study disease from this view point, I find it much simplified and I find the treatment also easier to understand.

A word now concerning the list: I am constantly using aconitine, atropine, gelsemium, cactin, hyoscyamine and codein; occasionally digataline, strychnine, copper arsenate, ergot, caffeine and podophyllum; also morphine, aloin, capsicum, cocaine externally, quinine and veratrine.

Bryonin and helenin I use very seldom. But I am using bryonia this year more than ever before and I find it very useful when plainly indicated. Of your other thirty remedies I use nearly all of them constantly. I am shy of avena, calibar bean, and nitroglycerine, probably because I don't know how to use them. Gallic acid seems to me to be useless or dangerous internally. For antiseptics I use formalin, which is my first choice, then carbolic and boric acids. As this list rules out calomel I would be badly handicapped by it.

If the list were revised, to suit me, it would stand about as follows: Calomel, gelsemine, hyoscyamus, opium, epsom salts, aconite, atropine, cactin, ergot, strychnin, macrotys, chloroform, phytolacca, chionanthus, echinacea, ipecac, jaborandi, (pilocarpine) apomorphine, ammonium chloride, (instead of sanguinaria), hydrastis, iron (any form indicated) (Blaud's pill is excellent), hydrochloric acid, sodium bicarbonate, sodium sulphate, cascara, viburnum, aromatic sulphuric acid, formalin, bismuth, buchu and saw plametto. I would like to add eleven more remedies, making forty-one in all. These are codein, copper arsenate, podophyllin, passiflora, cocaine, digitalis, apocynum, thuja, lobelia, mitchella, triticum repens.

I could do pretty well with the thirty first named, but I would not feel sure if I could not get any more. I am sure I could select one hundred more that would give very good results. It is satisfactory to know, that the logic of events in therapeutics brings so many thinking men to almost the same practical rules of prescribing. When one thousand

doctors are sure that gelsemium is the first drug to think of, as a sedative, it is a pretty well demonstrated fact, that this conclusion is correct.

If it was possible, I should like to know how many of those who sent in lists are graduates of Eclectic schools, how many of Regular schools and how many of Homeopathic.

I am greatly pleased with *THE THERAPEUTIST*. I do not expect to do without it, until I or it is defunct. I hope the editor is well and prosperous, for his work is certainly greatly needed to place therapeutics on a more solid basis. A combination of alkaloids and of specific medicines, will to my mind make an ideal *Materia Medica*. I use both freely.

Yours for success in prescribing,
THOMAS W. MUSGROVE.

Sultan, Wash.

TOO MUCH VERATRUM

Editor Ellingwood's Therapist:

I notice in your February number, page 59, Dr. Jernigan's report of his case of eclampsia. I would like to ask if forty minims of specific veratrum or of any other good preparation of veratrum is not a reckless dose to give any patient. Why would not half that amount be just as good, and very much safer. Your comment, I think gives him good advice. He should have had a little more patience, and not have rushed matters so fast. He should have given nature a chance. He might have given a few drops of mitchella with good results, instead of so much quinine.

I would hesitate a long time before giving forty minims of any preparation of veratrum at a single dose either by mouth or hypodermically.

L. G. WALKER, M. D.

Pound, Wis.

COMMENT.—Usually speaking from ten to fifteen minims of veratrum is sufficient for even an extreme case of eclampsia, for the beginning dose. It is much safer to begin with a smaller dose and increase until effects are observed. There is no doubt, however, that the system will stand more veratrum during a profound convulsive paroxysm, and while the high nervous tension is present from which such a condition occurs than

at any other time. One physician in Indiana told me at one time of a desperate case to which he was called which had been deserted by other physicians as absolutely beyond help. He began by the use of a little less than a dram of veratrum, and repeated the dose without careful measurement, at irregular intervals as convulsions seemed to be threatened, or actually occurred, for a period of twenty-four hours, when the convulsive tendency abated and the patient recovered; but he had used nearly an ounce of specific veratrum. On the other hand I have seen, within a month, a patient with severe eclampsia so thoroughly poisoned with three ten-drop doses of veratrum twenty minutes apart that the vomiting was extreme; the pulse disappeared from the wrist; and extreme promptness only saved the life.

WEEPING ECZEMA

Editor Ellingwood's Therapist:

I would like to ask through the next issue of your journal for advice in the treatment of eczema of the weeping form. I have had a patient under my care now for two years. A woman thirty-five years of age, well nourished, and apparently in good health, in every other way. The eczema first covered the hands, arms and the face. It now covers one foot, and has just begun on the breast. At times it looks very angry and now and then there are stinging pains in the parts affected. During the last two weeks the patient has had an attack of gastritis, from which she is now recovering.

I have prescribed during the last two years, echinacea, iris, berberis, phytolacca, all in small and in frequent doses, and rhus tox and iron, as from time to time these drugs were indicated. Locally I have prescribed boric acid, bismuth subgallate, aconite, thuja, and lastly lignol.

In May, 1908, the condition cleared up nicely, but broke out again in October worse than ever. After I had continued several months treatment with berberis, iris, phytolacca and off and on with echinacea. I trust someone can give me specific suggestions that will cure this case.

J. B. EATON, M. D.

MACROTYS IN CHOREA

Editor Ellingwood's Therapist:

I desire to say a word in appreciation of the benefit that I derive from the articles

that were published in your journal during the past year suggesting the use of macrotys in chorea. This expression is called out by my reading the article on the use of Fowler's solution for this condition, and your foot note to the same. In the first place I am a regular graduate of Harvard Medical School, a member of the Massachusetts Medical Society, but with all, a firm believer in drug therapy, and I feel the same catholicity in the exercise of my judgment.

Without being egotistical, I have practised over twenty-one years. For twelve years I was visiting physician for the Brockton Hospital. My practice has certainly been large enough to give me full opportunity to make observations in this disease. I was brought up in medicine to use Fowler's solution in Choreia, not in such large doses as suggested in the article referred to, but doses pushed to evidence of saturation. The results in the end were usually good, but they were a long time arriving in many cases. Since reading the suggestions for the use of macrotys in chorea, I have had three cases to treat, all of these were benefited by arsenic, but on stopping that remedy they quickly went back to their first condition. In each of these cases, I then began macrotys. The results were speedy, happy and permanent. Hereafter macrotys will be my remedy in these cases every time.

A. V. LYON, M. D.

Brockton, Mass.

"THE BRAND OF THE BEAST"

Editor Ellingwood's Therapeutist:

Although a homeopath and at that one converted from allopathy—I am broad enough to accept the favors of Eclectic experience and to some purpose—I think you have one of the best journals. 1st, because terse and to the point; 2nd, because your contributors give practical information and in *plain, simple language*; 3rd, because you advocate the use of anything good irrespective of the *brand of the beast*. Is it not almost come to the fulfillment of the scriptures. "And they shall neither buy nor sell except under the brand of the beast." Allopathy stands aloof

from Homeo—Eclectic—Osteo—and each ism has a connoption fit if their conceit is assailed. What between the A. M. A. trust steel trust, lumber, sugar, coffee, labor or medicine trusts. Lo! behold the brand of the beast. Sufficient; there's a feather of the truth in Christian science even though auto-suggestion a form of hypnotism is branded Mrs. Dr. Mary Baker Eddy. What's in a brand?—the beast, if I am not to use it because it's not admissible in my school. In spite of opposition I use H-M-C and satisfactorily so. Therefore for the benefit of all: phaseolus nana is a grand remedy for heart troubles, but be a homeo in its use, not under 6x or you may have trouble. Nothing better than bryonia in the early stages of pneumonia. Again be homeopathic; 3x is sufficiently low.

J. L. MEYER.

Hiawatha, Kansas.

CHOLERA INFANTUM

For several years past I have employed Lloyd's trituration of podophyllum, 1-root, in diarrhea and dysentery of infants, with very gratifying results. As I have not yet seen this to fail if no complications exist I am very confident in its employment. For nursing infants from a few days to a few months old; I give from one-half to one grain of the triturate every three hours, and sometimes 1-70th or the 1-50th of a grain of ipecac is added and given at the same time.

The closest of attention to the feeding of the infant is observed. If fever is present I give specific aconite in very small doses. Occasionally there are indications for hydrochloric acid. If this occurs during the course of the fever, which is often the case, I alternate it with the aconite, and if there is low fever I alternate the acid in from half a drop to a drop at a dose, with the podophyllum triturate. This treatment I consider much superior to that usually employed, such as pepsin, lacto-peptine, bismuth, calcium, magnesium, calomel with Dover's powder, or mercury with chalk, which is so much used by the general practitioner.

T. JENSEN, M. D.

Therapeutic Facts

A Treatment for Backache

I have been reading in *THE THERAPEUTIST* some suggestions for the treatment of backache, and although good, I am confident they will not cover all cases. I have a method of treatment which I have depended upon for many years. I have found it to relieve many of these cases very promptly. It is prepared as follows:

R
 Balsam of copaiba.....drs. 2
 Sweet spirits of nitre.....ozs. 2
 Fluid extract of black cherry.oz. 1

Mix. Sig.: Shake well and take a teaspoonful at nine o'clock a. m. and at three o'clock p. m. each day in sweetened water. In light cases or cases not at all persistent, a dose taken at bedtime each evening will be sufficient.

H. K. WHITFORD, M. D.

Chronic Arthritis

I have treated successfully my cases of chronic arthritis of a non tubercular character, but of rheumatic origin, those of even several years standing, with specific bryonia and colchicum.

For a child ten years old, I add eight or ten drops of bryonia and from fifteen to twenty drops of colchicum, to thirty teaspoonfuls of water, and give persistently, a teaspoonful four times a day. The character of the pulse and of the heart will guide the physician who is familiar with these remedies, enabling him to increase or decrease the bryonia required in each particular case. In some of these cases, cactus is often indicated and in others veratrum, but the less complication there is in the prescription the better will be the results.

I have treated chronic swelling of the joints of the hands, of the knees and feet, with bryonia alone, with good results, but colchicum will enhance the effect of bryonia

by its influence upon the elimination of uric acid. The urine must be examined in most cases so as to determine the correct treatment of that particular case.

One of my cases made a satisfactory recovery from the inflamed condition of the joints, under the above treatment, but developed a vertigo, and was unable to sit up from the persistent dizziness. I prescribed

Ammonium, mur.....grs. 15
 Tincture of iodine.....drops 7
 Aqua ozs. 2
 Elix simplex, q. s ozs. 4

Mix. Sig.: Give a teaspoonful from two to four hours as indicated. The recovery was complete and satisfactory.

O. NOBELL, M. D.

Woodward, Oklahoma.

Exactness

I like your journal because you are right after the weak points in the medical profession branch or rather the most neglected and important branch of our studies. I have for some time past been studying therapeutics and I find the field very large and most interesting. Writers on drug action frequently state that they have found a certain drug useful in a certain disease. This is a poor way to call attention to a drug. If writers would state that they had found the tincture or the fluid extract of a certain quantity, given in a specific time, useful in relieving certain exact conditions, the readers will not be at loss to give it a trial. While I believe in single remedies to relieve certain conditions, I also believe in combinations of drugs to meet certain conditions.

F. W. OWEN, M. D.

Lamasco, Texas.

Urinary Irritation

About a year ago, I wrote for *THE THERAPEUTIST* that cannabis indica was a specific remedy for urinary irritation with proper indications. So also is specific eryngium to quite an extent, but I have found that their combination will prove almost infallible in overcoming that condition and will give relief even in conditions of organic disease requir-

ing other treatment to cure, and in such cases will add greatly to the patient's comfort. I have used this combination many times, and it has not failed me yet.

The following is about my formula:

R̄

Specific eryngium.....dram $\frac{1}{2}$ to 1

Specific cannabis.....drops 30

Aqua dist. ad. qs.....ounces 3

Mix. Sig.: Teaspoonful every two to three hours.

W. C. QUINCEY, M. D.

Morning Sickness

A patient in the early stage of pregnancy suffered greatly with morning sickness. It was an extreme and persistent case. She had consulted many doctors but without relief. Finding indications for stomach remedies principally, I prescribed simply, as follows:

R̄

Sp. hydrastis.....dram 1

Specific nux vomica.....minims 10

Aqua q. s.....ounces 4

Mix. Sig.: Take a tablespoonful before each meal.

She was immediately relieved and ultimately cured. I have noted that the majority of blondes in pregnancy do not suffer with vomiting as frequently as brunettes do, but that brunettes are not so liable to miscarriage as blondes.

A. PINELES-MONTAGU, M. D.

Unguentine

This is the first proprietary remedy I ever used or recommended. But having gotten such satisfactory results from this ointment in treating an extensive burn I felt it my duty to call the attention of the profession to its use for this purpose. The case in which I employed it was one of scald from steam. The denudation extended from the occipital protuberance to the buttocks, involving one-half of the back.

When I saw the case it had been in the hands of another physician for a week and anodynes were being used to control the pain. I first resorted to the usual eclectic treat-

ment in such cases but with little relief or benefit. I then, through the suggestion of my druggist, prescribed ungentine. The relief was so quick and the improvement so rapid that no change was made in the treatment and in ten days the wound was healed.

About this time a colored woman came to me with the most extensive tibial ulcer I have ever seen. While my treatment of such troubles as a rule has been very satisfactory, I concluded to try the ointment. I first cleansed the ulcer with hydrogen peroxide and then brushed it over with a 15 per cent solution of nitrate of silver, after which the ointment was applied, covered by a flannel bandage to the knee. This treatment was repeated every other day and in just three weeks the leg was well.

L. S. DOWNS, M. D.

Persistent Vomiting

In persistent vomiting with headache, whether the patient be a child or an adult, I find potassium sulphate, 3 x, to succeed in curing the larger proportion of cases. I add twenty grains to four ounces of water and give a teaspoonful every hour until the cure is effected.

F. H. WILLIAMS, M. D.

For Powder Marks

I noticed in the January number of THE THERAPEUTIST a request for a remedy with which to remove powder marks. The late Dr. Wrightsman, my husband, had very excellent success with a simple preparation which I have thought would be well to pass along to other readers of the journal. He made a simple paste of flour and the white of an egg, which he would apply thickly over the parts discolored, allowing it to remain on for hours at a time, and repeating it until the stains were removed.

MRS. WRIGHTSMAN.

Burning Feet

When a patient, past middle age, most commonly women, complains of burning of the feet with the strong inclination to keep them from under the covers at night, or com-

plains of the feet giving out, and paining, especially toward night, when not contra-indicated, and it rarely is, give podophyllum in sufficient doses to moderately influence the bowels by the second or third day, keeping the condition up for about a week. This with my patients has been curative.

N. M. DEWEES, M. D.

Asarum Canadense as an Emmenagogue

This remedy commonly called coltsfoot, wild ginger, or Canada snake root, is one of the best emmenagogues, in my judgment, in the materia medica and is perfectly safe. It is antispasmodic, aromatic, stimulant and carminative: does not require any of the sedatives, or relaxants. It is all that is needed in an emmenagogue. Podophyllin and aloin, have special action on the intestinal canal, asarum has a special action on the uterine system. For young girls, with their first menstruation, or any case of painful menstruation, this is the remedy, I use an infusion of the fresh root, if I can get it. I prepare it by taking one ounce of the root to one pint of boiling water, let steep slowly for one hour, strain, sweeten to suit the taste, and give one or two drams every half hour, hour or two hours. Of the fluid extract, from five to ten drops, in hot sweetened water, every half to one or two hours, is the dose. There is no other remedy that has given me the success, in the last forty years, as an emmenagogue, that has asarum canadense.

O. W. HOUTS, M. D.

Ringworm—Sycosis

In the treatment of ringworm (*tinea circinata*) and barber's itch (*sycosis mentagra*) apply the commercial forty per cent solution of formaldehyde to the affected area with a brush, once daily. One or two applications will usually cure.

A. SCHRIEBER, M. D.

Pneumonia

My treatment for pneumonia is as follows: I make two prescriptions usually, and give these alternately in dram doses every two

hours, alternating every hour. For the first prescription, I drop fifteen drops each of specific aconite and bryonia, in four ounces of simple elixir. In the second prescription I drop ten drops each of specific veratrum and asclepias in two ounces of simple elixir. These are given as above specified. To sustain the heart when necessary, I give arsenate of strychnine one one-hundredth of a grain every two hours.

E. S. JONES, M. D.

COMMENT.—According to our specific method of determining the exact conditions, while the above prescriptions will cover many cases the doctor does not tell us exactly which train of symptoms to make the combination in. There are some cases in which the first formula will meet every indication. There are other cases in which the latter formula will meet every indication. Here are three special sedatives to fever all prescribed together. Judging from my own experience the dose of specific veratrum is large except in strong men at the onset of the disease, and the dose of asclepias is very small. I make these comments in order to help the doctors get at the exact conditions. We must be exact. Complaints are coming in altogether too frequently against general statements. We must try and make every statement specific.

An Insufflation for Sore Throats

In the treatment of diphtheria and in sore throats in which there is an exudate, for a long time past I have been using the formula which I give below as a local application. This formula quickly removes the exudate, whether in the throat or in the trachea, as it is readily inhaled. I have had excellent results from its use.

Take of tannic acid, made from the inner bark of the oak tree, pulverized alum, and pulverized sugar, each equal parts. These should be thoroughly triturated in a mortar. This fine powder, after compressing the tongue, is blown into the throat so as to have it come in contact with all the diseased parts, using from one-fourth to one-third of a teaspoonful at a time. This should be repeated after four or five hours, several times in succession.

Where there is an inclination for the membranes to re-form, the powder should be used persistently on successive days. I use a purgative to thoroughly cleanse the intestinal tract, usually. This is made from podo-

phyllum, one part; leptandra, two parts; powdered capsicum, one part, thoroughly triturated. Fill a No. 4 capsule, and give one every two hours, until three or four are given, or according to the age of the patient. This is auxilliary to indicated remedies.

JAMES YATES, M. D.

Gelsemium in Childhood

In the treatment of any disease common to childhood, when the nervous system becomes markedly involved, especially where the nervous irritation and nervous excitability present prominent symptoms, I find gelsemium a reliable remedy. I do not hesitate to give it in conjunction with other indicated sedatives for febrile conditions. I find they work in perfect harmony.

H. W. POWERS, M. D.

Stubborn Ulcers

In the treatment of stubborn ulcers, those that are persistently open and that resist other remedies, I apply specific baptisia in full strength. In a number of cases this has produced satisfactory results for me.

Since 1896 when I read in Goodno's *Materia Medica* that morphine and hyoscyne given together would produce anesthesia, I have used these remedies in tablets. I now use the H-M-C tablets but the effect seems to be about the same as that obtained from the Goodno combination.

S. H. STARBUCK, M. D.

Essential Co-operation

Dr. Thomas W. Leming, Secretary of the League of Drug Research for the State of Kentucky, in a note to the editor, asks, would it not be a glorious thing if every Eclectic physician in the United States would report his successes and failures with the use of remedies in specific lines. It would be but a short time, he says, until the specific field for our remedies would be absolutely defined. It can be done, if all will but work together.

This is the doctrine that I am preaching all the time. I am declaring to every reader

that he is personally responsible for a certain amount of this work. We must co-operate constantly, persistently, with the closest of observation of exact detail.

This work is being taken up slowly by other physicians. Some of our physicians have thought we were the "whole thing." This co-operative work is absolutely imperative. If we do not do it, others will do it before a great while, and our work will be forgotten because absorbed in the total perfected work. It is impossible for me to say enough to fully emphasize this fact.

Scabies

In the treatment of scabies there is nothing that I find acts more satisfactorily than a simple solution of the bichloride of mercury in the proportion of one to two thousand. The patient should have a thorough bath, should change his underwear and the bedding and should apply the solution every other night, applying it only over the diseased surfaces.

L. R. EMERICK, M. D.

Wintergreen in Asthma

A patient who at one time suffered for years with asthma, at the suggestion of an Indian began to take wintergreen regularly. Finally he took fifteen drops of the essence, three or four times a day, continuously. While the cure was not complete the relief was extremely satisfactory.

The paroxysms at one time would cause him to sit for days and nights together, leaning his head on the back of a chair, with great difficulty of breathing and cyanosis. A characteristic of this case was that it was accompanied with profuse bronchial catarrh. While continuing the use of the wintergreen, there was no difficulty of breathing except on violent exertion or after exposure to cold there was a slight wheezy respiration. There was no return of the paroxysms.

Dissolve twenty grains of potassium nitrate in six ounces of water, add to this two tablespoonfuls of oatmeal, shake thoroughly and scrub the face with it, once or twice a day to remove freckles and pimples.

Ellingwood's Therapeutist

A monthly journal devoted to the study of the most direct action of drugs upon exact conditions of disease; issued on the 15th of each month.

Edited and published by FINLEY ELLINGWOOD, M. D., 100 State Street, Chicago.

Subscriptions, \$1.00 per year in advance and One Therapeutic Fact, which should be sent with the subscription.



ACT IN THE LIVING PRESENT

Are you one of the few, Doctor, who have not yet sent us word to "Let her come" for 1909. Don't delay a moment longer. We need you and you need us. Send us word today. The family cannot lose you. "Better than Ever" is our motto for this year.

TWO IMPORTANT PAPERS

The two leading articles in this issue are indeed important papers. The one by Prof. Lloyd on Chlorophyll answers a most common query. With some of the specific medicines, and other of our preparations, the original green color changes after a time, and to one not familiar with them, the question arises, is there a change in the medicinal properties of the substances. With inorganic compounds a change in color usually means a change in chemical character also. In organic substances the original green color may change as this paper explains with no change in the medicinal character of the preparation.

The second paper by Dr. J. P. Rice of Texas, the article on The Mosquito, contains such an enormous array of facts of so much importance, arranged in such an interesting and valuable manner, that I take great pleasure in publishing it. The article is not strictly within the field of therapeutics but its relation to the causation of the diseases of the south especially and of malaria is now of vital importance. Furthermore I have yet to see an article of this length, which so completely covers the entire field.

I have known Dr. Rice, the writer, for many years and have realized that if circumstances had thrown him into close relationship with the leaders in the profession, his name would long ago have been widely known. As a close observer, as an investigator, as a most deeply interesting writer, as a thoroughly qualified man, he should occupy a high place.

DEATH OF DR. WILEY OF DES MOINES

Many of our readers will be pained to learn of the death of Dr. E. D. Wiley of Des Moines. Dr. Wiley has been connected with the development of specific medicine for more than thirty years. He has occupied prominent positions in his State Society, for many years its secretary, and has always been conspicuous in the National Association. About ten years ago he discovered that he was afflicted with diabetes. A few years later his heart showed the evidences of disease and for four years he has lived in expectation of a momentary call. Late in the evening of Saturday, February 27th, he was called to attend a lady in confinement and worked very hard several hours. When through, he complained of feeling ill. He laid down in an adjoining room, and in ten minutes was dead. The doctor had long expected just such a call, and had made every provision for it.

Dr. Wiley leaves a host of friends. Much could be said for him, and nothing against him. His life has been an exemplary one in every particular. Many will mourn his loss. We extend our sincerest sympathy to his family and friends.

WORDS WITHOUT KNOWLEDGE

The Druggist Circular for February, 1909, reproduces from *The Standard Dispensatory*, the statement that scutellaria is devoid of properties which entitled it to be classed among official drugs, and that passiflora is but little used in medicine. We get weary of the so-called "authoritative" statements that are made by individuals who are conspicuous for their ignorance on certain remedies that possess valuable therapeutic prop-

erties. Even *passiflora* has an important place in medicine, although nearly all agree that too much was claimed for it at first. But to say that *scutellaria* is devoid of properties is an exposition of ignorance, that any one should dread to make. Although a mild remedy, so efficient and reliable are the properties of *scutellaria* when thoroughly understood and correctly administered, that it cannot be well dispensed with. We would advise those who condemn this remedy without a trial, to inform themselves concerning its reliable properties.

The present action against *cactus* is unauthorized and unjustified. It is taken by parties who have seldom if ever prescribed it, and if they have ever done so have had their opinions biased by deep-seated prejudice, or have not prescribed it in correctly selected cases.

MACROTYS AS A PARTURIENT

Our observers are not the only ones who have claimed that *macrotys* is a valuable remedy with which to prepare a woman for labor. An article appeared in the *Journal of the American Medical Association*, twenty years ago, which made claims in every way similar to those of our own writers. The author had used the remedy in 160 cases, and from his observations he had come to the conclusion that *macrotys* had a positive sedative effect upon the parturient woman, quieting reflex irritability, nausea, pruritis, and insomnia, so common in the last six weeks of pregnancy. It always rendered these symptoms much less distressing, and they often disappeared under its administration.

Cimicifuga, he said, "has a positive antispasmodic effect upon the parturient woman. The neuralgic cramps and irregular pains of the first state of labor are ameliorated, and often altogether abolished. In fact during my first indiscriminate use of the drug, in all cases, I had the mortification, with a few women, of terminating the labor so precipitately, and without prodromic symptoms, as to be unable to reach the bedside before the birth.

"*Cimicifuga* relaxes uterine muscular fibre, and the soft parts of the parturient canal, by controlling muscular irritability, thus facilitating labor, and diminishing risks of laceration. It increases the energy and rhythm of the pains in the second stage of labor.

"It is my belief that *cimicifuga*, like *ergot*, maintains a better contraction of the uterus after delivery."

It was his habit, however, to administer fifteen to thirty minims of the fluid extract of *ergot* after the birth of the foetal head, and he had thus few opportunities of testing this effect of the *cohosh*.

His method of administration was to give fifteen minims of the fluid extract of *cimicifuga* in compound syrup of *sarsaparilla* each night for four weeks, before the expected confinement. One fluid ounce of the fluid extract of *cimicifuga* to three ounces of compound syrup of *sarsaparilla*; One teaspoonful makes just the required quantity.

CHLOROFORM EXTERNALLY

Proper application of chloroform over the seat of an acute pain, will in many cases, if properly applied, give instantaneous relief. In some cases the relief is permanent. Of course, in others, it would be only temporary, but nevertheless, very desirable, as during its suspension measures may be taken for the permanent removal of the cause of the pain.

In my early practice, I invariably combined equal parts of the tincture of *aconite* with chloroform, and pouring a few drops of it in the palm of my hand, I held it firmly over the seat of the pain, pressing the hand flat against the surface. So applied it will be found that it requires about one minute to produce a burning sensation. This increases rapidly, and on sensitive skins quickly becomes unbearable. If left on to this point, it will frequently produce a severe blister. This is not necessary, the pain being relieved usually with the first sensation of burning and always while yet bearable.

The application can be made at different times in different places over a large area.

This measure is applicable in pain from injury, in gastric or intestinal pain, and often in renal pain, in hepatic colic, and especially in intestinal colic. The measure is so prompt that it should not be neglected.

A German writer at one time claimed that he obtained just as good results, with no danger whatever, from the use of chloroform externally, in labor, as he did from its inhalation. He made a mixture of equal parts of sweet oil and chloroform. He saturated a piece of flannel with that and applied it between the umbilicus and symphysis pubes, pressing it firmly and smoothly against the skin. Five minutes he claimed is sufficient to modify the most erratic and severe pain.

TREATMENT OF ALOPECIA

Dr. John M. Scudder always claimed that uvedalia was the best remedy known with which to stimulate the growth of the hair. It is seldom that it is advised, but once in a while a writer presents a short, but very enthusiastic article on its action.

Let an ointment be made of uvedalia and lanolin and some simple perfume and let this be used persistently in cases of baldness, or where the hair is falling out, and let some observations be made that can be relied upon. I believe that in cases where the hair is turning rapidly gray that jaborandi could be given internally and incorporated also in the above ointment, and the whole used externally with good results.

If this is not satisfactory a little of the tincture of cantharides, or quinine could be also incorporated in it. I have demonstrated several times, that lanolin alone stimulates the growth of the hair. I have applied lanolin ointments to boils when there was successive boils in crops, and afterwards found that on every spot to which the lanolin had been applied for a considerable period the growth of hair was very pronounced. In one case where a lanolin ointment was applied for a long time on a young girl's face for eczema, the fine hair all took on an excessive growth, and when she became a woman she had quite a strong beard.

A CURE FOR STAMMERING

It is claimed that any one can cure stammering—stuttering, by suggesting to the afflicted person that he make a habit of pronouncing some simple syllable, always using the same just before he pronounce the word. Stammerers usually sing without any difficulty, because the tones are all measured. Any simple word of one syllable can be used and if the method be rigidly carried out the habit will be ultimately broken. A gentleman who had stuttered from childhood cured himself completely by reading aloud from a book when entirely alone, keeping his teeth tightly closed. At first he read for two hours each day, later it was on alternate days and still later once each week. From the very first improvement was noticed, and the habit was entirely broken in a short time.

OCCIPITAL PAIN

Occasionally in cases of severe or protracted acute disease in childhood, the little patient will throw its head backward, crowd the occiput into the pillow, and move the head slowly from side to side. This is premonitory of involvement of the brain or its meninges, and must be avoided. There is undoubtedly pain in the back part of the head. I have frequently relieved this condition temporarily while waiting for the effect of specific medicines, by pouring a few drops of equal parts of the tincture of aconite and chloroform into the palm of my hand, and holding it against the nape of the neck as high up as possible, or over the mastoid bones; not too long.

DIAGNOSIS OF VALVULAR LESIONS

Some simple suggestions in examinations of the heart, which though probably well known will do to repeat, are the following:

The aortic sounds can be heard beneath the sternum, opposite the costal cartilage of the third rib. The pulmonary valves are heard one-half inch to the left of the sternum, between the second and third ribs. The mitral sounds are heard three inches to the left of the sternum at the lower border of the third rib.

A line drawn from the upper border of the costal cartilage of the third rib to the lower border of the costal cartilage of the fifth rib, passes over the tricuspid valves.

MUSCULAR CRAMPS

From ten to twenty drops of *viburnum prunifolium*, given three or four times a day, has controlled that condition which induces cramps in the muscles of the legs and feet which come on at night and with some patients is very persistent. This remedy is an antispasmodic where involuntary muscles are involved. It is probably equally beneficial in its influence upon muscular spasms where the voluntary muscles are involved, and should be faithfully tried.

DIAGNOSIS OF LEAD POISON

In the diagnosis of lead poisoning a French writer claims that with the other symptoms usually known, if a small portion of the surface of the skin be painted with a solution of the monosulphide of sodium or in fact with a solution of any alkaline sulphide, it will immediately turn black because of the presence of the lead which is being eliminated. He claims that this symptom will appear before any other, even before the characteristic blue line on the gums appears, and that there is no mistaking the diagnosis.

It seems reasonable that the taking of alkaline sulphides should be excluded when this test is made.

DIAGNOSIS OF THE ORIGIN OF DROPSY

As diagnostic points in the determination of the cause of dropsy, it should be remembered that ordinarily dropsy of the feet shows itself first, when there is disease of the heart; that when there is renal disease the first symptoms appear under the eyes and in the face; that when the liver is affected the dropsy appears in the abdomen. As a rule where the effusion appears only in the abdomen the kidneys can be excluded. These are Tyson's statements, and he was once an authority on this subject.

Cleanings

THE HUMAN TONGUE IN SPECIFIC DIAGNOSIS

H. W. FETLER, M. D., CINCINNATI, O.

The modern aids to precision in diagnosis have rendered incalculable service to medicine. Nevertheless they have also contributed, in no small degree, to the relegation of some very valuable clinical aids to a subordinate position in our methods of diagnosis. One of these latter aids—which with some practitioners threatens to become a lost art—is that of diagnosis by means of the tongue.

Those of the ancients who based their medical knowledge upon observed phenomena justly laid great stress upon the appearance of the tongue in health and disease. Such diagnostic indicators as the tongue, the pulse, palpable heat and cold, lack or perversion of secretion, position and attitude of the patients, were the best aid they possessed, and they worked them to the fullest advantage. With these they were remarkably acute in their diagnosis, despite their lack of a knowledge of normal and pathologic anatomy, with no biology, no chemistry, and with the microscope many centuries yet ahead of them. Very expert they became in such aids as they had, and today we carry upon the pages of our working literature many facts of diagnostic and prognostic character handed down by Hippocrates, Aretæus, Celsus, and others that are of incalculable service to the observing physician. Upon these observations rests the imperishable fame of those writers of antiquity.

Not the least of the transmitted knowledge that has come down through time to us is that which pertains to the human tongue in diagnosis. The tongue may aid us in diagnosis of two kinds—nosological diagnosis to a limited extent, and specific diagnosis to a very large extent. In both forms it is first necessary to know the normal tongue. This can be best learned from repeated observation of healthy individuals, and par-

ticularly in children. The peculiarities of age must also be considered, for the child's tongue may differ in some respects, and the tongue of the young and middle adult life is not always the counterpart of that in the aged.

We learn from the tongue for diagnostic purposes, its form, its color, size, degree of dryness or moisture, its mobility, its ability to recognize taste, and its lesions. Ruling out such conditions as may occur in an old glossitis (purplish or blackish pigmentary deposits), or nigrities (black tongue), or in xanthelasma (yellow spots along the edge), or the effects of corrosive poisons or medicines and food that stain the epithelial coat of the organ, we shall briefly recall a few characteristic diagnostic appearances that have aided in the selection of appropriate remedial agents.

Perhaps more than any other part we may learn from the tongue the condition of the gastro-intestinal canal. We may also learn whether excretion is being properly carried on, or whether the processes of nutrition are impaired or suspended. We may learn, too, of the state of the blood, and of the nervous system in particular.

Most valuable may this knowledge become in point of prognosis and treatment. What practitioner has not felt uneasiness at the persistence of a dry, bone-like tongue, with absolutely no secretion from the buccal and salivary glands—a tongue suggestive of a piece of hard, fried, salt meat, and tremulously and hesitatingly protruded? This danger sign of the extreme exhaustion of the nervous and secretory functions and herald of the typhoid status means much to the observing eye of the experienced physician; no test tube nor microscope slide could reveal to him more unwelcome truths than he can see for himself in this withered and dry semblance of an organ that once performed the office of the tongue. Let that tongue gradually soften and become moist and velvety and the coating disappear, and he knows at once that resolution has begun and restitution to health is on the way.

In examining the tongue as to its form, let us premise by saying that an elongated

and pointed tongue is evidence of nervous excitation, with special reference to irritation and determination of blood to the gastro-intestinal tube. Going still farther, we have the pinched, shrunken tongue, denoting an absolute or partial suspension of the functional activities of the gastro-intestinal tube, with, of course, a thorough lack of innervation.

Let the tongue be cracked or fissured, and if not due to syphilitic taint, we recognize in it a chronic, inflammatory state, or at least a chronic irritation most likely of the renal organs. It should at least direct our attention to those glands and lead to an analysis of the urine. A fissured condition of the tongue may supervene in prolonged attacks of fever, showing involvement of the renal functions and a cerebro-spinal irritation.

Without doubt the dryness of skin that usually accompanies such a febrile state contributes to placing this burden upon the kidneys, and will need therapeutic rectification in order to relieve the urinary disturbance. If there are persistent and intractable deep fissures and whitish patches (plaques), syphilis is in all probability the cause, and will suggest appropriate medication.

A broad tongue at once conveys to our minds the evidence of a state of weakness—of atony of the mucous tract, more especially of the digestive tube. Who has not noted the flabby, swollen tongue, pitted by contact with the teeth, in those suffering from a catarrhal condition of the stomach or bowels? After a drunken debauch the flabby tongue, coated with a whitish, sour-smelling paste, is not unfamiliar to those who have had experience in treatment of the beer-drinking class.

The excessive use of coffee, tobacco, and sweets will show this kind of a tongue, and the remedies are at once apparent—cleanse the parts and avoid the cause. Dryness of the tongue, whether it be merely "beefy," glazed, or covered with sordes, is evidence of extreme prostration and adynamia. Sepsis plays a large part in such a condition, and

unless moisture speedily returns the case is one of extreme gravity.

Color of the tongue and of its coatings has much to do with leading us to select the specific remedy. Eclectics have been accustomed to declare a condition of excessive acidity and alkalinity of the blood, as the tongue shows respectively an excess of pallor or an excess of redness. Whether this theory (which has been criticized much) is true or not, it is true that the successful and specific remedies are, in the first instance, the alkalies; in the last, the acids.

Nothing in specific medication is better substantiated from the experience of practitioners than the success attending such medication. But in making such a specific diagnosis the color of the organ itself, and not that of the coating, must be our guide. This has been a rock upon which many have therapeutically shipwrecked.

The coating of the tongue is of importance, being composed of detritus of food, epithelial waste, and micro-organisms. From it we usually obtain a rough index to the condition of the gastro-intestinal canal or of sepsis. Most normal tongues in adults have a thin, whitish coating, which becomes intensified during a mild febrile state, or an overloaded stomach with faulty digestion. A more vivid whiteness accompanies a febrile state of moderate duration.

A heavily loaded tongue is evidence of intestinal accumulations and suggests a mild cathartic. One heavily coated at the base, with a sluggish circulation, gastric and intestinal accumulations, requires the use of emetics. The mucoid, transparent coating shows enfeebled digestive powers, and if foul, a possible condition of putrefaction of the stomach contents.

A yellow coating upon the tongue suggests hepatic torpor. The red tongue is usually one of irritation. If brown or blackish, sepsis is at fault and typhoid conditions threaten.

Contraction of the tongue shows the extent of excitation of the nervous system, while fulness shows lack of innervation. The small tongue, full in the center, with sticky,

mucoid coating, indicates disturbance at the base of the brain or in the cranial fossæ and cells. Patches of red showing upon a uniformly yellow or whitish coating is evidence of cutaneous capillary involvement, and we associate the so-called "strawberry tongue" with scarlet fever.

The geographic tongue, appearing like a leaf gnawed by worms, points to a long-standing gastro-intestinal catarrh or to intestinal parasites. The ability to protrude the tongue promptly shows a good condition of the brain. A hesitating and tremulous protrusion of the organ is a grave indication of typhoid invasion, while the hemiplegic is inclined to veer his tongue to one side even when no attempt is made to protrude the member.

Thus may we think of the shape, the size, the coatings, the movements, etc., of the tongue analytically. Many of the conditions alluded to above point to well-known specific indications for remedies as established by long experience. Some of the more important we list below, that we may review our past studies in specific diagnosis by means of the tongue.

REMEDIES FOR TONGUE INDICATIONS

Let us preface this list of tongue indications for remedies by two general measures of importance, one of which at least is not resorted to as frequently as it should be, while the other is too often overworked. The first is the emetic; the second, the cathartic—both invaluable when indicated:

THE EMETIC.—When the tongue is broad and heavily coated at the base, there is nausea, and other remedies can not be made to act and food is repugnant, then is the emetic of great value. Ipecac, lobelia, the compound emetic powder, or common salt with sodium bicarbonate are to be preferred.

THE CATHARTIC.—The tongue is full, coated as with grease or cheese, the teeth indent the organ, and the odor is foul. Here the tendency to nausea is less marked than when the emetic is needed, and sometimes both are valuable. The antibilious

physic, epsom salts, sodium sulphate, and castor oil are to be preferred. The cathartic should be avoided when the tongue is contracted and irritation is marked.

The specific indications for the disorders as revealed by the tongue are partially represented by the following:

Acids.—Excessive redness of tongue and membranes.

Acid, Acetic (Vinegar, preferably).—Red, dry tongue.

Acid, Citric (Lemon or orange juice preferred).—Tongue and membranes deep red and urine alkaline.

Acid, Hydrochloric.—Deep redness of tongue with inclination to brown coating and with sordes on lips and teeth.

Acid, Hydrocyanic (Cold infusion of peach twigs or wild cherry bark preferred).—Long, pointed tongue, with tip and edges markedly reddened and associated with nausea, vomiting, and gastric tenderness and irritation; sometimes with irritative cough.

Acid, Lactic (In solution or in form of buttermilk or clabbered milk).—Tongue deep red, with thirst and gastric irritation.

Acid, Nitric.—Tongue red, with translucent violaceous filmy coating.

Acid, Phosphoric.—Tongue dry, red, thick, and fissured.

Acid, Sulphurous.—Red, dirty, full tongue, resembling spoiled beef. The coating is moist, offensive in odor, and of a brownish tint.

Aconite.—Broad tongue, red around the border and tip; associated with disorders of the lower bowel.

Amygdalus.—(See Hydrocyanic Acid.)

Arsenic (Fowler's Solution).—Large tongue, thick in the center, with incurved edges.

Arsenic (Donovan's Solution).—In syphilitic conditions with increased redness of tongue, the organ being small and contracted.

Baptisia.—Tongue purplish, with moist, pasty coating and offensive mawkish odor. The general appearance of the patient is purplish, like one who has been long ex-

posed to severe cold. Sepsis and typhoid condition marked. Also, a thick tongue, with smooth, grayish-white coating and purplish edges.

Bismuth, Liquor.—Red tongue, with prominent papillæ; associated with gastric uneasiness some time after eating and terminating in a watery or lenteric diarrhea.

Bismuth, Subnitrate.—Long, pointed tongue, with red tip and edges, nausea and vomiting, gastro-intestinal tenderness and irritation, and irritative diarrhea.

Capsicum.—Weak, broad tongue and general condition of atony. A dry, hard, contracted tongue, coated brownish or black, with absolute lack of salivary and buccal secretions—evidence of marked prostration.

Carbo-Vegetabilis.—Pallid tongue, with coating lifting in patches—the geographic tongue—associated with gastro-intestinal fermentation and sour eructations; sometimes a tendency to hemorrhage.

Chelidonium.—Pallid, full, sallow tongue and membranes, and dull, leaden, yellow fur, with pallid or icteric skin and hepatic torpor.

Chionanthus.—Yellow-furred tongue or pasty, white coating, with yellowness of skin and conjunctiva, and hepatic tenderness.

Cuprum.—Clean tongue, with sweet breath and yellowish-green, pallid, or dirty, waxy skin.

Echinacea (or Echafolia).—Tongue brownish, or dirty, or black, with purplish membranes and strong tendency to sepsis or typhoid conditions.

Epilobium.—Tongue red and dry, with tendency to typhoid conditions, with painful diarrhea; also non-typhoidal, painful diarrhea.

Euphorbia.—Long, pointed tongue, with prominent papillæ and gastro-intestinal irritation, with urging to stool. Often indicated in the summer bowel disorders of children.

Gold and Sodium Chloride.—Abnormally red and contracted tongue in syphilis and chronic nephritis.

Ipecac.—Tip of tongue red, pointed, and contracted, with nausea and vomiting, and

tendency to diarrhea or dysentery prominent.

Iron (Scaled Salts).—Tongue and membranes deep, solid blue in color, associated with anemic pallor of skin and faulty digestion and assimilation.

Iron, Acid Solution of.—Deep redness of tongue, with glistening, deep cherry-red membranes and lips; associated with anemic pallor of skin.

Iron, Tincture of Chloride of.—Deep redness of tongue, with glistening membranes associated with anemic pallor of skin and often accompanied by severe headache at the vertex.

Leptandra.—White-coated tongue, with nausea, bitter taste, dizziness, dull headaches, pain in right hypochondrium and yellowish or jaundiced skin.

Neutralizing Cordial (or Glyconda).—White-coated tongue, with sour stomach, flatulence and diarrhea; also in red, elongated tongue with gastric irritation.

Nux Vomica.—Yellowish-white, creamy coating upon a soft, moist, or sallow and expressionless tongue. There is sallowness about the mouth and tendency to nausea and vomiting.

Opium (Diaphoretic powder or Dover's powder, sometimes with quinine and capsicum).—Pale, relaxed tongue, with hypersecretion from pale membranes, particularly after mercurialization.

Podophyllin (or Podophyllum).—Tongue yellow-coated at base, pasty, dirty, with yellowish secretion from the mouth. Usually associated with venous fulness, deep-seated pain in the loins, slow liver action, constipation, and with general apathy and dizziness.

Phytolacca.—Full, expressionless tongue, sometimes puffy, divided near base by a single fissure into two lobes; also dry tongue, with impairment of buccal glands.

Potassium Acetate.—Full, pallid, lilac-colored tongue or slightly lead-colored, with a pasty fur. There is usually renal inactivity and the skin is dirty and expressionless. Such a condition frequently precedes, accompanies, or follows rheumatism.

Potassium Carbonate.—Pale, expressionless tongue, with marked weakness of the muscular tissues.

Potassium Chlorate.—Pale tongue, with cadaverous odor and unpleasant or fetid taste. Mucous membranes and tissues of throat and mouth show a tendency to aphthous ulceration, and in many cases severe dyspeptic symptoms may also be present.

Potassium Iodide.—Chiefly in syphilis and chronic arthritis, with pale, leaden-hued tongue and blueness of the buccal membranes.

Pulsatilla.—Tremulous, pallid tongue, with or without yellow-white coating and greasy taste.

Quinine.—Moist, pale, relaxed tongue, with hypersecretion from pallid mucous membranes, particularly after mercurialization. Generally best in combination with opium, which see.

Rhus.—Tongue with sharp tip and edges and prominent papillæ; dry, red tongue, with prominent papillæ and sordes upon lips and teeth, and associated with great nervous unrest and tympanites; also a narrow tongue, with papillæ protruding prominently through a yellowish or white coating—commonly called the "strawberry tongue."

Rhubarb.—Long, pointed, red tongue, with gastric irritation and diarrhea.

Santonin.—Tongue appears as if coating were eaten off by moths; child passes intestinal worms.

Sodium Bicarbonate.—Pale tongue, with filmy white coating often associated with gastric pain and sour eructations.

Sodium Nitrate.—A pallid tongue, showing a violaceous, translucent coating; also, a full or swollen, pale tongue coated with yellow or white mucus.

Sodium Phosphate.—Pale tongue and membranes, with thin, whitish fur, as if coated with buttermilk. Usually associated with hepatic torpor, sour eructations, and constipation.

Sodium Salicylate.—Full, leaden-colored, or pale, bluish tongue, variously coated, and

usually associated with acute rheumatism or tonsillitis.

Sodium Sulphite.—The pale, broad, dirty tongue, with heavy, whitish grease-like or cheesy coating with mawkish odor. Often found in the heavy beer-drinker, and the excessive coffee and tobacco habitues.

Veratrum.—Deep red stripe through center of the tongue.

—*Eclectic Medical Gleaner*.

BUCKWHEAT FLOUR IN DIABETES

In the treatment of diabetes, a number of physicians have found patients who could subsist on pure buckwheat flour with very good results. The claims are that the sugar will disappear and the nutrition of the patient will be sustained. The pain in the stomach and in the eyes will disappear, and the patient usually enjoys the diet, and improves in strength and vigor.

DIFFERENTIAL DIAGNOSIS

JOHN V. SHOEMAKER, M. D., PHILADELPHIA

Typhoid Fever

1. Disease is endemic.
2. Onset slow.
3. Eruption of roseate spots appears from 7th. to 10th day.
4. Eruption disappears on pressure.
5. Temperature characteristic for each week of disease.
6. Course longer.
7. No crisis.
8. Diarrhea.
9. Gives Widal reaction.

Typhoid Fever.

1. Onset slow with chilly sensation.
2. Temperature rises slowly and gradually.
3. Characteristic eruption.
4. Diarrhea characteristic.
5. Presence of typhoid organisms.
6. Gives Widal reaction.

Typhoid Fever

1. Temperature characteristic.
2. Characteristic eruption.
3. History of exposure to typhoid poison.
4. Presence of Widal reaction.

Typhoid Fever

1. Disease is endemic.
2. No leucocytosis.
3. Peculiar temperature curve.
4. Presence of lenticular spots and abdominal symptoms.
5. Presence of typhoid bacilli.
6. Gives Widal reaction.
7. Countenance flushed.
8. Choroid normal.

Typhoid Fever

1. Onset slow.
2. Duration longer.
3. No crisis.
4. Characteristic eruption.
5. Gives sero-reaction.
6. No relapse at end of week.
7. Presence of typhoid bacilli.

Typhus Fever.

1. Disease is epidemic.
2. Onset sudden.
3. Appearance of maculæ which are transformed into petechia on the 4th day.
4. Does not disappear on pressure.
5. Temperature high from the first and remains so until the crisis.
6. Course shorter.
7. Abrupt termination by crisis.
8. Constipation.
9. Does not give Widal reaction.

Typho-Malarial Fever

1. Onset sudden with a marked chill.
2. Temperature rises suddenly and is periodical in character.
3. No characteristic eruption.
4. Diarrhea not characteristic.
5. Not present.
6. Absence of Widal reaction.

Septicemia.

1. Temperature very high and irregular from first.
2. No eruption.
3. History of injury or infectious disease.
4. Absence of Widal reaction.

Acute Tuberculosis.

1. Disease is hereditary or secondary.
2. Leucocytosis.
3. No peculiar temperature curve.
4. Absent.
5. Presence of tubercle bacilli.
6. Does not give Widal reaction.
7. Countenance not flushed.
8. Tubercular ulceration of the choroid.

Relapsing Fever

1. Abrupt onset, rigor, high temperature.
2. Duration brief.
3. Termination by crisis.
4. No characteristic eruption.
5. Does not give sero-reaction.
6. Occurrence of relapse at end of week.
7. Finding of spirilli.

BRUCINE

By W. C. ABBOTT, M. D., CHICAGO, ILL.

This alkaloid is found in varying proportions in *nux vomica*, *ignatia amara*, *angustura*, and in general throughout the family of *Loganiaceæ*. The process for its extraction is simple and well known. It is more soluble in hot than in cold water. It forms crystallizable, soluble salts. The brucine of the shops is almost always mixed with strychnine, and the variations in relative strength assigned to brucine may be attributed to this fact.

The physiologic action of brucine resembles that of strychnine, but the former is much less powerful. Various writers have pronounced the difference as great as 1 to 6, or even 20. Bouchardat denied that any such difference existed, and in America brucine is considered equal to one-half or one-quarter the strength of strychnine.

The therapeutic effects of the two are closely analogous, both being applicable to the whole line of parietic maladies, torpidity, and atony of the whole body or of any special member or organ. In such conditions as occurring in young children, brucine is preferable to strychnine. Laura counsels the milder remedy in atony of the gastro-intestinal musculature, in tympanites disordering digestion and giving rise to diarrhea or to constipation, or to an alternation of the two. This is a common and at times a perilous condition with infants. Tympanites sometimes embarrasses both respiration and circulation.

Laura found brucine especially effective in the treatment of the paralyzes of infancy as manifested among the poor children of the Children's Hospital. The cures thus obtained, he adds, were no secret among the physicians and the benefactors of this institution.

Brucine suits the young and the feeble. It increases the force of expectoration, facilitates respiration, digestion, and defecation; it aids in the generative act without endangering collapse and syncope by the direct aphrodisiacs (*Burggraave*). It is preferable to the latter also, as it has not

their well-known (to the laity) reputation, a source of the gravest peril and occasionally a cause of death when these drugs are taken ignorantly or injudiciously.

Laura, who had a large and happy experience with brucine, placed the dose at two to three times that of strychnine. Something is to be credited to individual susceptibility also. Taking the granule of 1-134 grain, he advises as a mean daily dose 12 to 20 granules for adults, 5 to 10 for children, in acute cases. In chronic maladies adults may take 6 to 10 granules daily, children 2 to 4. The remedy should be suspended occasionally for a week out of each month, or for every sixth day. In cases of long standing it is well to begin with one granule four times a day for adults, adding one daily dose every alternate day until some effect is evident. Those who employ this method of dosage soon learn that comparatively feeble doses often suffice to restore normal equilibrium and the control of the nerve centers, and apparently serious perturbations subside.

Brucine has been insufficiently studied. Murrell says it is merely "a little strychnine," and codeine likewise "a little morphine," but neither assertion is correct. Codeine exercises a control over the vagus superior to that of morphine, and is consequently a better remedy against cough or pain and excited peristalsis in the stomach and bowels. Brucine differs from strychnine principally so far as is known, by the possession of very decided local anesthetic powers. This renders the milder alkaloid preferable whenever there is debility with irritation or erethism in the gastro-intestinal tract.

If strychnine seems to be indicated, but the stomach resents it, substitute brucine.

The writer has had a series of cases in which the local application of cocaine solutions as local anesthetics was followed by a serious failure of the circulation, threatening collapse. In these, when another application was required, brucine was added to the cocaine solution sufficient to make the dose of brucine injected from 1-40 to

1-20 grain. In every instance the anesthetic effect was enhanced and the depression did not follow.

Sometimes the nerves become accustomed to the stimulus of strychnine, so that they no longer respond to it, as in the case of old paralytics. If we change to another of the strychnine group we may find that a gratifying response will follow. I have found this to be the case when brucine or thebaine was substituted, and I believe that experience along this line with the other members of the strychnine group would afford valuable results.

Bricheteau, commencing with small doses, gradually increased until he reached the huge dose of three grains a day. Evidently the brucine could not have been of the quality supplied by American pharmaceutical chemists. I have never had occasion to exceed 1-3 grain in twenty-four hours, and rarely reached one-half this dose.

—*Medical Summary*

FRAXINUS AMERICANUS

Burnett seems to have made much use of fraxinus, and gave it a prominent place among his "organ remedies," his sole indication being, as far as I can see, uterine hypertrophy.

With me fraxinus Americanus stands as one of a group, the other members of which are belladonna, lilium tigrinum, aurum muriaticum natronatum and hydrastis canadensis. Belladonna seems preferable when there is considerable pain, tenderness and vascular engorgement with bright red, warm, profuse menstrual flow and but little intermenstrual catarrhal discharge. For the choice of lilium tigrinum I rely especially on the peculiar headache as well as on the eye and heart symptoms. Lilium also has a profuse menstrual flow and an intermenstrual discharge that is often brownish. Both this remedy and belladonna have marked ovarian symptoms and well defined mental states. The hydrastis patient is usually sluggish, with evidences of deficient biliary action, obstinate constipation, free menstruation and a profuse, tenacious,

usually yellow, leucorrhœa. The objective uterine condition that leads me to think of aurum muriaticum natronatum is one of local indurations rather than general and uniform hyperplasia and leucorrhœa is not marked. The general symptoms are debility and lowness of spirits. The co-existence of sigmoid disease also leads me to think of this remedy.

The indications upon which I prescribe fraxinus americanus seem to be summed up in the objective and subjective symptoms of uterine hypertrophy without definite indications for another remedy, but those are precisely the cases in which I need it. No helpful proving of this remedy has been made, and it would appear to be highly desirable that provings be made by members of the sex that derive most benefit from its use, that we may know definitely when to administer it. As is usually the case with remedies for which there are no clear cut indications, it is given in material doses. I usually order five drops of the mother tincture two to four times a day and continue its use for a considerable period.—Dr. J. J. Davis, Racine, Wis., in the *Clinique*.

Have you stopped to think that during the last twenty years so large a proportion of the teachings of all the prominent medical colleges has been towards surgery and mechanical methods rather than towards medical methods; that the schools should really be classed as surgical schools. Stop and think how much of the teachings leans towards surgical measures, and how greatly these are enlarged upon, rather than the expectant and direct therapeutic measures. The profession must be congratulated upon the fact that while the matter is not strongly advertised there is strong pressure being made towards the placing of surgical methods where they belong, and of enlarging much more fully on those methods which conduce directly to the cure of disease with specific remedies.

Joy is more divine than sorrow; for joy is bread and sorrow medicine.—*Beecher*.

ELLINGWOOD'S THERAPEUTIST

We have been surprised at the extensive circulation of Dr. Ellingwood's THERAPEUTIST, which we have found through replies to our advertisement in it, many replies coming from foreign countries. It's a good journal and we are happy to recommend it.

—*Physician's Drug News.*

The Abbott Alkaloidal Company need no commendation from us to Eclectic physicians. Their single remedies are advised after our method in the line of their specific indications, and their persistent teachings in this line are having a steady and potent influence in converting the working portion of the profession to this method of drug application. Our readers should send for their "Digest of Positive Therapeutics." It is a valuable little work. They have done a marvellous work in developing a knowledge of that important class of remedies, the alkaloids.

An ointment made of the subnitrate of bismuth, zinc oxide, carbolic acid and lanolin, will be found of great benefit in eczema. The proportion should be adapted to the case. The addition of glycerin to the lanolin makes a smooth, and softer ointment, one more readily applied.

LOCATIONS

Dr. W. C. Ray, of Nicollet, Minn., has an excellent proposition to make to a physician who desires to take his practice. He has been there many years, and has established an excellent practice. He is forced to make a change because of the climate.

Dr. J. L. Shilt of Verona, Ohio, desires to place a good physician in the heart of the tobacco belt where practice is good, collections are excellent, and the opportunity an unusual one. Write directly to the above address.

There is a good location open for a competent physician about 35 miles from Detroit. Self-addressed and stamped envelope will bring particulars. W. J. Donaldson, M. D., Commerce, Mich. (Nothing to sell.)



BACKBONE

The above is the suggestive title of a little book of selections and original thoughts, to encourage energy, push, zeal and perseverance in any department of life and especially in business. It is written by S. De Witt Clough, advertising manager for *The American Journal of Clinical Medicine*. The book not only contains some rare selections, but has quite an array of little poems, epigrams, aphorisms, etc., of the author's own, which certainly exhibit a rare intellectual ability on his part. It is an exceedingly attractive little book. It is bound in artistic paper cover and sells for fifty cents. As a developer of push, energy and everlasting go, it is certainly a concentrated motor. I wish every reader of THE THERAPEUTIST had a copy.

PRACTICAL DIETETICS, with reference to diet in disease. By Alida Frances Pattee.

This practical little work on diet impressed me as of unusual value when I first reviewed it in the first edition in 1903. Since that time five large editions have been issued. It is written by a practical nurse, who has taught dietetics in many of the best hospitals in the United States.

The first half of the book is devoted to foods and their preparation, and to nourishment and its importance in disease. The second part of the book to separate diseases and the methods of feeding patients suffering from these diseases. In addition there are dietaries for hospital patients, for infancy, for the aged, and for various conditions of life.

The presentation of each topic is in a simple, plain and most practical manner, and withal, very readable. The facts presented are so accessible I cannot well see how any practical physician can be without this little book.

Ellingwood's Therapeutist

A MONTHLY JOURNAL OF
DIRECT THERAPEUTICS

VOL. III

MAY 15, 1909

No. 5

Leading Articles

TREATMENT OF TYPHOID FEVER

RALPH MORRILL, M. D., LINCOLN, NEB.

A dissertation on this subject is attempted with a great deal of misgiving on my part, for it is one of the diseases in which bedside observations and instructions are markedly essential to a clear narration of conditions and symptoms which are to be met by methods instituted for the purpose of terminating the trouble successfully.

In a general way cases are similar, but each individual case will most always present special conditions which are more or less puzzling and hard to handle from the standpoint of theoretical medicine, salol as a basis upon which to build will result disastrously in many instances. The Woodbridge treatment is rank empiricism, and displays no intelligence as a part of one's methods, in fact, any stereotyped form of treatment will certainly result in disaster in the long run.

To systematize, we will consider the treatment of this disease from a dietary, hygienic and medicinal standpoint. I put the dietary first because I think it does not receive the consideration it should. Many complications and conditions are brought about or intensified by improper regimen, and in condemning milk I do so with the expectation of getting the unstinted condemnation of the whole fraternity; neverthe-

less, milk, in my hands, has been a trouble breeder, a culture medium, and solid food, especially in cases with much tympanites and diarrhea.

There is no doubt that digestion is very much impeded by high temperatures, for that reason we give liquid foods, but milk with febrile cases forms a large, hard and impregnable curd, the feeble digestive ferments can not penetrate it, and it at once becomes as undigestible as any article of solid food that could be given; neither have I had any good results from any modification or predigestion; they sicken of the predigested form, and modification fails to make a flocculent curd. Possibly from the standpoint of food value and heat units milk would be the proper food, but clinical results don't prove it to be so. All the cases that I have lost, have been those in which milk in some form was a conspicuous part of the diet, and it was also a prominent constituent of the bowel movement. An infant with milk infection demands that milk be stopped in any form; why doesn't the same rule hold good in typhoid? They are both enteric infections.

Fruit juices, such as orangeade, lemonade or grape-juice, constitute the base upon which I build; they all like them, do not

tire of them, keep up their weight, and run a lower temperature; properly diluted, you have a diet upon which you can depend for days. Should proteid food seem essential, albumen water (made by stirring the whites of from one to four eggs into a quart of water, strain through a cloth and salt to suit the taste) can be used with confidence, especially when the intestinal symptoms are conspicuous.

As much water as they wish to drink should be allowed, either carbonated or plain, and the addition of some hydrogen peroxide to it, just enough so that the taste is not objectionable, is valuable throughout the whole course of the disease. Gelatine should be given as long as they don't object to it, which will not be long, and then it can be incorporated in the fruit juices without their knowledge; it stimulates the production of thrombin, which, in the presence of sufficient soluble calcium salts, renders the dangers from hemorrhages much less.

Ice-cream and ices are admissible, although the cream should be used cautiously, and watch for curds. Strained vegetable soups, and especially that from carrots, are always relished. Tomato broth without milk, and cornmeal gruel, well cooked, is frequently so acceptable that I have had several who insisted on having it after convalescence.

The diet should not become monotonous. From four to eight ounces should be given every two or three hours when awake; should they develop an aversion to food, stop it and rely on nothing but water until the cause is removed or corrected. Prepared liquid foods found on the market are valueless, and unpalatable to all.

The return to solid foods should not be attempted until the temperature has been normal a week, and then, cautiously, poached eggs, dipped toast with butter, cooked cereals with cream and sugar, custards or junkets, can be used. Many retain a desire for the liquid foods, in fact I have very little trouble in finding a diet list that is acceptable, and anticipated with pleasure.

As to the hygienic measures, a room should be selected with reference to sunlight and ventilation, and the ventilation should be kept up constantly, not an occasional "airing out;" all unnecessary articles of furniture should be removed, such as carpets, rugs, pictures, upholstered furniture, etc., walls should be cleaned and floors mopped, in fact the room should be stripped of everything but essentials. A bed with a good set of springs, and a hard felt mattress should be selected, and it can be much improved by removing the castors, and elevating on blocks, adding much to the comfort of the attendants; "stork sheeting" under the draw sheet will be much more comfortable than rubber or oil cloth, it allowing more free radiation of body heat. Most of the covering should be washable, and in warm weather it can all be. Pillows should be small, and covered with stork sheeting, a douche-pan should occupy the place of the obsolete bed-pan. Porcelain ones can be obtained that are very serviceable.

As a germicidal agent I use bichloride of mercury, putting the crystals in a pound bottle, and keeping the bottle filled with water. Two drachms of this saturated solution to a quart of water makes about a 1:2000 solution, which is accurate enough for the purpose for which it is intended; all excreta is disinfected by it before being disposed of. In the rural districts I have a rear pit dug, and the thoroughly disinfected material disposed of there. Enough consideration is not given soil impregnation as a means of dissemination of infectious material. The ordinary out-of-door vault should not be used. The objection to carbolic acid is the smell, and strength of solution that must be used, anything less than a 5 per cent solution being of questionable value. Windows and doors should be carefully screened in summer, and extra caution taken to see that flies do not become intermediate hosts of the infecting material.

The origin of the original infection should be found if possible, and a thorough quaran-

tine maintained against it until corrected. All bed-linen should be soaked in the bichloride before being handled by anyone. All culinary utensils should be boiled or boiling water poured over them, in fact one can not be too thorough in the enforcement of prophylactic measures.

The medicinal treatment is to a large extent the treatment of the complications, as uncomplicated cases are easy to handle as a rule, and require little medicine. The average case when it comes under observation, gives the history of the usual prodromal symptoms; the tongue is coated with a thick, white coating. The patient has probably been taking laxatives to overcome an unusual constipation and to clean the tongue. There is nausea and aversion to food, with a temperature above 100° F.

The sulphite or hyposulphite of soda are remedies which can be relied upon in these conditions, and these only. A mistake is frequently made in the indication for the sulphite of soda, in thinking that a thin, white, translucent coating indicates this remedy, which it does not. Sulphite of soda tongues are most always seen in acute febrile conditions only, and have a thick, pasty appearance, like a sheep pelt, as you might say; with this condition I have had the happiest of results from its use. I have frequently given it until the urine was alkaline; its action is explained by the fact that digestion has stopped, foods ferment and decompose, forming the lesser acids, lactic, butyric and acetic acids. The soda stops their further formation. If you want it more intense use the hyposulphite. The addition of chionanthus, on account of its selective action, is frequently indicated, and of much benefit with the liver tenderness, and yellow sclera, and bryonia if there be abdominal tenderness.

Hyoscyamus will frequently promote rest when the action of a mydriatic is indicated. Acetphenetidin is sometimes admissible, but should be used with caution. I use it in conjunction with asepsin, about ten grains to the ounce, five grains of the mixture being the dose, with an inordinate and

obstinately high temperature it will assist very materially. Any colloquative sweating or weakened first heart sound, should be an indication for its discontinuance.

Sometimes the sulphite of soda condition gives way to a condition in which the tongue becomes red and glazed, dry down the center, with abdominal distention, cadaverous odor. Dilute hydrochloric acid will usually moisten the tongue at this time, and sometimes turpentine is of apparent benefit, but I like it best in the form of stupes locally. Chlorine water is indicated in those cases in which potassium chlorate is indicated, and is of much benefit, the tongue indications are for an acid. Echinacea and baptisia are useful in those cases in which the bacterial toxins are much in evidence. The toxins produce a vasomotor paralysis which give the face that dusky red appearance, and indicate remedies that will stimulate phagolysis. I question the good effect of alcoholics, except in inebriates. Sometimes it produces rest in delirium. Carbonate of guaiacol is frequently indicated from the standpoint of intestinal antiseptis, it lowers the temperature, and fermentation and distension are less.

We all use hydrotherapy in some form. I have not had good results from the Brand bath; a patient in the fastigium is frequently made worse. A bath towel wrung out of cold water and kept over the abdomen will assist materially and does not disturb the patient. It will keep the temperature down longer after a sponge bath has been given.

Complications are variable in degree and kind, head symptoms are frequently present and misleading. I have had cases in which the mental state seemed normal. The patient would answer questions intelligently and delirium was not troublesome, yet on recovery an extensive period is blank to them.

No form of mechanical restraint should be used; they should be closely watched. Hyoscyamus, passiflora, gelsemium and the bromides will quiet them, if a headache is severe, depressant analgesics should be

used with caution if at all, and some cases may not get any rest until a small dose of morphine has been given hypodermatically, chloral should be used with extreme caution, the ice cap is essential to most all cases during the fastigium.

Vomiting that is not cerebral can usually be met by a sinapism over the epigastrium, with restricted diet, and ipecac, or carbolic acid, hydrocyanic acid, diluted bismuth subnitrate, nux, capsicum or cocaine, the one used depends upon the cause and the indication.

Diarrhea is frequently very troublesome, and persists in spite of dietary regulation, if it is involuntary, and without pain or griping, the trouble is probably in the small bowel, and enemas will not do much good. If there is tormina and tenesmus, enemas will frequently give much relief; normal salt solution or a weak iodine solution have served me well. A dose of castor oil does much good if the fault is due to fecal retention. Glyconda is a decided improvement over the old syrup of rhei et pot. comp. Copper arsenite, either alone or with glyconda, is frequently indicated; bismuth subgallate is an excellent astringent, as well as geranium, and possibly fruit juices should partially be replaced by beef broth.

Constipation can be relieved by castor oil or phenolphthalein, give a laxative one day, and a soap enema the next.

Tympanites is sometimes so severe that the heart action and respiration are interfered with. Milk should be stopped, and albumen water and beef juices used alone. Turpentine locally and internally is most always indicated. Xanthoxylum or capsicum will help very much, charcoal is of value, and the passage of the rectal tube will give some temporary relief.

Hemorrhage may come at any time after the first week, or as soon as the ulcers begin to slough, and is frequently unannounced until you see the blood, which, if not large in amount, may be several hours after the hemorrhage took place. A hypodermic of morphine and atropine

should be given at once, atropine is a hemostatic, morphine stops peristalsis, and frequently induces a much needed rest, an ice bag should be suspended on the right iliac region by means of an obstetrical binder. Oil of erigeron and cinnamon have served me well, charcoal is good if given in large enough doses. Outside of normal salt and camphorated oil I know of no satisfactory stimulant, normal salt dilutes the toxins and does much good.

Perforation is a surgical consideration, and should receive immediate attention, for the mortality rate without it is very high.

Hypostatic congestion of the lungs is usually relieved by belladonna, and changing the patient's position. Coughs are troublesome at times and are best relieved by local treatments to the throat.

Bed-sores are easier prevented than cured. Alcohol or alcohol and tannic acid will toughen tender areas, when they do break through, balsam peru makes a good dressing; orthoform as a dusting powder, or incorporated in an ointment, will stop the pain.

Phlebitis as a complication is obstinate as a rule. The limb should be enveloped in cotton, rest maintained. Locally iodine cum petrogen 5 per cent will stimulate absorption. Ung. guaiacol, 10 to 20 per cent, will relieve the pain. Should the edema persist, a saline laxative, coupled with the internal administration of apocynum and potassium iodide will hasten its removal. Glycero-medicated plasters might help some if you yourself hold stock in the company that make it, otherwise I question it.

Insomnia that does not respond to hydrotherapy, passiflora, hyoscyamus or trional may demand opium. A hop pillow is frequently a great help as a sleep producer.

We do not know how cheap the seeds of happiness are or we should scatter them oftener.

—Lowell.

Except the Lord build the house, they labor in vain that build it. Except the Lord keep the city, the watchman waketh but in vain.—Ps. 127:1.

STREPTOCOCCIC INFECTION OF THE UTERUS

JASON TYSON, M. D., SANTA ANNA, TEXAS

The streptococcus pyogenes is the cause of at least two severe diseases, puerperal fever and erysipelas; and I might say, of another disease, general streptococcic infection following gynecological operations and manipulations, but this is only a classification of time, rather than kind.

However, this paper shall deal mainly with the last condition, still the gynecologist is called upon to treat the results of puerperal fever, and the various results and manifestations of sepsis in its broadest sense. Pathologists contend that the above diseases are caused by the same germ. This, however, will not be discussed here, hence I refer the reader to the standard pathologists for further information, because all points are not definitely settled. It is highly probable that the streptococcus pyogenes is the primary cause, as the morbid conditions are the same, in the uterus recently operated upon, and the one of the patient recently confined.

SYMPTOMS.—Before the fifth day, usually the second or third day after operation or confinement, there is chill, followed by high temperature; soon after this the lochial discharge is diminished and becomes offensive, also darker and more viscid. There is tenderness in the hypogastric region and a digital examination reveals tenderness of the organs.

The irregular thermic range becomes characteristic; another chill, either slight or severe, is followed by fever and consequent profuse perspiration, generally of a clammy nature. By this time, there is marked exhaustion, and a peculiar indifference is manifested by the patient to things about her. The chills are more prone to occur during the evening or night, rather than in the morning or afternoon.

The regularity of the fever is marked by great lessness. The first fever is often the highest, and if the disease progresses favorably the highest and lowest points become farther and farther apart as

time passes. Yet with a full knowledge of this, one is reminded of certain forms of malarial toxemia because of remissions and intermissions, or perhaps the reverse may cause one to suspect typhoid fever. Respiration is rapid and thoracic.

The cardiac centers are early influenced, shown by the pulse ranging as high as 120 or even higher. Fortunately there is no marked disturbance of digestion, particularly to the degree which occurs in septicemia.

Diagnosis of streptococcus infection of the uterus is made, first by a careful consideration of the preceding symptoms, and subsequently by microscopical examination of the scrapings of the uterus, and from the blood of the patient. The last is not practical for most physicians.

TREATMENT.—The three following conditions must be observed. First; arrest of infection, if possible, at the point of entrance; second; to eliminate the poison from the system after absorption, and third, to sustain the patient.

The first is accomplished by some thorough curettement under the most rigorous antiseptic precautions. Of course this is done under anesthesia and latest surgical technique. After curetting, the uterus is packed with iodoform gauze saturated with sterilized glycerine. Glycerine, by virtue of its hygroscopic qualities favors an outward current of transudation, thus eliminating the infection. The patient is placed in a recumbent position and dressings are removed each twenty-four hours, and the uterine cavity flushed with a one to two thousand sublimate solution.

This is kept up for four or five days. Some excellent practitioners keep up a constant irrigation of the uterine cavity and report good results, still others do this by a special instrument at stated times, and report excellent results. The latter would be good practice where anesthetics were strongly contraindicated. In such cases I have used a tampon of 10 per cent ichthyol in glycerine and obtained excellent results. Much more might be said about the dif-

ferent modes of treatment but the main points have been touched, and each practitioner will have to formulate a treatment to suit or to meet the indications in each case.

After this treatment has been thoroughly applied, if the temperature indicates a characteristic pyemic range, and the heart shows an increase of infection together with lymphatic involvement, indicating beyond a doubt that death will be the ultimate end if left alone, Reed suggests removal of the uterus and appendages. However radical this may appear, successful cases are reported.

We now come to the second place, that of eliminating or neutralizing the poison after it has gained entrance into the system. I would keep the emunctories open, combat high fever with light febrifuges and baths, give ten to thirty drops of specific echinacea, every two or four hours, alternating with 1-4 to 1-2 grain calcium sulphide. The latter I consider specially indicated when suppuration is threatened. I suggest that the echinacea and the febrifuge be combined when possible.

Some use large doses of quinine and free catharsis. I think both contraindicated after the infection is well established. The tincture of the chloride of iron has been successfully used in the treatment of erysipelas for years, and as the same germ causes both diseases, I believe it would be an excellent remedy for streptococcus infection of the uterus.

As to the third place, I depend largely upon nutritious diet, given when the fever is lowest, say between 6 a. m. and 6 p. m., as this is the time when the chills are less apt to occur. About the diet much might be said, but suffice it to say that it requires great ingenuity and resourcefulness to meet the peculiarities of each case.

If the heart shows weakness, give specific cactus and strychnine sulph. Keep down and away all excitement and visitors, also keep the patient from any physical exertion whatever, and in bed at least one week after all tenderness and fever have subsided.

In summing up, will say, that an ounce of prevention is very greatly worth ten pounds of cure; also that it behooves every physician to bear in mind his great responsibility, yet it is not always in his power to prevent infection where meddling is done; but he can be cautious and urge that his directions are carried out, and unless the latter can be done the physician had better withdraw from the case.

COMMENT.—It is seldom that general infection is induced through the uterus without local inflammatory symptoms. If local tenderness is present, bryonia must be given. If the fever persists aconite must not be omitted. In some sthenic cases veratrum will control both the fever and the sepsis, as it is a powerful alternative. When the nervous system is involved and there is nervous irritability or excitability with nervous fever, gelsemium will accomplish wonders if given in sufficient dosage.

SAVE THE PERINEUM

N. SISCA, M. D., WALLA WALLA, NEW SOUTH WALES, AUSTRALIA

I know of nothing more trying or aggravating, in connection with labor, than laceration of the perineum. Coming on, as it does, at a time when patient, doctor and nurse would be glad to feel that the worst is over, and that their well-earned rest is now near at hand, it is naturally looked upon as a most unwelcome disappointment. But, even apart from that, the fact that it multiplies the dangers of parturition, and that, moreover, the ordeal of the stitching process is an extra heavy tax on the patient's well-nigh exhausted strength, makes its occurrence an exceptionally unpleasant one to all concerned. In by far the largest majority of cases, so far, at least, as my experience goes, it is quite true that "as soon as she is delivered of the child a woman remembereth no more the anguish," but the stitching up of her torn perineum brings back the anguish, and, worse still, tries her patience, and very often her temper, too, far more severely than all the previous sufferings of labor had failed to do.

Of the preventive measures recommended in textbooks I summarily reject, to begin with, all those manipulations which require the introduction of the accoucheur's fingers

into the rectum, and I do so, first, because I am convinced that all that is said of their usefulness is more theoretical than practicable; second, on the ground of cleanliness; and, third, because I think we should not lightly run the risk of bruising a highly congested, and in many instances actually bleeding, rectum, and all for advantages which, in my opinion, are more hypothetical than real.

Of the lateral incisions through the vulva I will say that, though plausible enough in theory, I have never resorted to them, owing on the one hand to natural cautiousness and reluctance to make fresh wounds before they were actually necessary, and on the other owing also perhaps to the hope that by doing something else I might succeed in avoiding a tear.

Finally, with regard to the suggestion that the extrusion of the head should be made to take place during an interval between the pains, all I can say is that there is a time when there is practically no interval between the pains that could be made use of for such a purpose as that, and that is precisely the time when the head is at last well on its way through the vulva. There certainly is, in most cases, even then, a series of short pauses, during each of which the head either recedes a little or else remains stationary; but the moment it is touched, or mechanically interfered with in any way, the short pause ends abruptly, and the pains start afresh, so that it would be materially impossible for the head to be born at that stage "between the pains."

In conclusion, and with only one exception, that, namely, of the lateral incisions through the vulva, which, if at all resorted to, are justifiable only in very extreme cases, we are bound to admit that so far as the preventive measures recommended in textbooks are concerned, they are to a very large extent, if not quite, unreliable. Consequently, any fresh suggestion which may hold out the prospect of helping us in a more practical way and enabling us to preserve the perineum easily, safely and with the assurance of success, without soiling

our fingers more than it is strictly necessary, should be sure of a cordial welcome by the profession everywhere; and such, I venture to say, is the suggestion I am about to make, and which if acted upon by the profession in general will, I have no doubt, make rupture of the perineum a thing of the past for all ages to come.

My theory is this: Naturally enough, and also somewhat automatically, as it were, we have hitherto taken for granted that the fetal head, like the fetal body, must be born with its long axis coincident with the long axis of the mother's body, and consequently also of her perineum. Which, of course, is the natural way of parturition, but which is also, as it happens, the very thing that causes the rupture of the perineum, and that, therefore, must be guarded against whenever it is found necessary to take steps for its preservation. The fact is that laceration of the perineum does not, as a rule, take place until the last stage of the delivery of the head, that is, just at the time when the nose and chin are forced through the vulva, and that it is the uneven pressure of the nose and chin against the overstretched and much thinned-out median line of the perineum, pressure greatly increased by the now unhindered extension of the head, that is chiefly, if not solely, responsible for it. And that is why I feel justified in saying that as long as the whole of the child's head is allowed to be born with its long axis in the direction of the median line of the perineum, the latter is always in danger, and that if the danger is to be avoided the only thing that can help us to avoid it is to alter the direction of the head, at a stage when we can do so without trouble or difficulty and with absolute safety.

And here is my suggestion. Assuming the patient to be lying on her left side, which is by far the best and most comfortable position both for patient and accoucheur, wait patiently but watchfully till the time, when the head has come through as far down as the middle of the forehead, or, to be more accurate, until the upper segment of the forehead becomes visible.

Then wait no longer. Whether the next pain has started or not, in fact, without wasting any time to think about the pains at all, grasp firmly with the thumb and fingers of your right hand both temples of the child's head, the palm of the hand resting on the frontal eminence, and carefully but deliberately turn the long axis of the head towards the left corner of the posterior commissure, pushing at the same time with the left hand on the perineum the still unborn chin in the same direction, that is, upward and to the left, and in an instant, so to speak, the whole head will be born, not in a vertical, but in a diagonal direction, the pressure of the nose and chin having thus been borne by the lateral portion of the perineum, which was well able to stand it, while being at the same time removed from the median portion, where the danger was, and there will be nothing torn, merely because there was nothing to tear. Should it be found necessary to wait a little, do so, of course, but do not allow the head to leave the diagonal line until it is delivered. In cases of delivery by forceps, I follow, whenever possible, Professor Lusk's excellent advice to remove the instrument as soon as the chin can be felt through the rectum; and if removal is impracticable, the instrument itself can be used to turn the head into a diagonal direction, just at the time when the nose and chin are about to come through.

Mutatis mutandi, the same principle holds good in occipito-posterior positions, in delivery of the after-coming head, etc.; whenever there is reason to fear for the safety of the perineum, and whatever the position of the head, as soon as practicable its long axis should be turned into a diagonal direction, and held there until it is delivered.

As to the possibility of danger to the perineum from delivery of the shoulders, the quickest and safest way to avoid it is this: do not wait until external rotation of the head takes place, but get hold of it at once with both hands, placing the fingers of each hand under each one of the child's jaws, and gently but firmly pull. One or

two pulls will be sufficient to excite the next pain, when the shoulders will be born, not in a vertical line, but transversely, without danger, and with absolutely nothing to be afraid of.

To judge human character rightly, a man may sometimes have very small experience, provided he has a very large heart.—*Lytton*.

THREE YEARS OF EXPERIMENTATION WITH *ACHILLEA MILLEFOLIUM*

I. V. COLE, M. D., SEATTLE, WASHINGTON

My attention was first called to this much neglected drug by Ellingwood's "Materia Medica" about three years ago. I was at the time possessed of a devil or several of them, and ordinary incantations and medicines had no apparent effect whatever. My temperature stayed around 103° to 104° F. for about two weeks and although I attended to business, I was the sickest patient of them all. I felt as if I was re-incarnated in a wooden walking machine, as all ordinary sensations were lost, and I didn't care particularly if they stayed lost.

About the only faculty that seemed normal was my love for experiment, and as I carelessly turned the pages of Ellingwood, Dr. John Fearn's quotation relative to the action of *achillea* on the skin appealed to what little reason I had left, and as my skin was as dry as some of the southern states and my secretions locked in a safety deposit vault with the key lost, I thought I would just call his bluff and ordered a bottle of Lloyd's specific.

The first night after receiving it I took a teaspoonful in a pint of hot lemonade with a tablespoonful of Old Crow to help along in the celebration, and went to sleep like a baby in about ten minutes and dreamed I was back in the old swimming hole with its sun-kissed water trying to touch bottom and couldn't. When I awoke, to say I was perspiring would be putting it mildly; the water was pouring out of my skin in streams and the bedclothes were wringing wet, but I felt like myself again and was soon back to normal.

After that several cases of high temperature without a diagnosis yielded to one dose of achillea; then I was called to see a doctor from Louisville, Kentucky, in a neighboring hotel who diagnosed his own case as typhoid, sure. He wanted to know what I was going to give him, but I said I would tell him in the morning. I told his companion to get a life preserver and a gasoline launch, as there might be a flood before many hours if the signs did not fail.

We covered our would-be typhoid patient in blankets and gave him a teaspoonful in a pint of hot water, to be repeated in three hours if the skin was still dry. No second dose was necessary. In the morning the blankets had a case of acute jaundice, but the patient was well and smiling, with a normal temperature that stayed normal.

Many cases of tonsillitis have been headed off by one dose of achillea, followed by a few doses of phytolacca. One case of anasarca was kept comfortable for two months, with an occasional dose alternated with hair cap moss, until a cerebral hemorrhage ended the scene. A physician friend of mine had been sick for about two weeks and had to stop work and stay at home. He was running a temperature of 101-2° F.; felt chilly all the time, with pain all over, particularly in the chest, and diagnosed his case as pleurisy on one side and something else on the other. It looked like a plain case of autotoxemia to me and I told him so and promised to cure him with one dose of medicine. Two doses were necessary, as he took the first in cold water.

My last experiment was a case of epididymitis a few days ago. A young man with the usual specific history of those cases—temperature, 101° F., pain and enlargement of head of epididymus. Gave sp. aconite and phytolacca, alternated with pulsatilla every hour, with libradol plaster applied twice a day. Temperature normal next day—omitted the aconite; soreness and swelling gradually declined until the fourth day, when the fever popped up to 104° and the swelling of the cord and surround-

ing structures suddenly took place with intense, sickening pain. The patient said he was "all in," and he certainly looked it. I gave him a teaspoonful of achillea in a pint of hot water, and the next morning there was no fever, no pain and little swelling. I kept him under observation for four days and told him to go to work.

I have taken all sizes of doses of achillea up to a teaspoonful in hot and cold water when my temperature was normal, and outside of a slight diuretic action have never had the slightest effect from it. Have taken and given it with 100° of temperature or over and never failed to get profuse diaphoresis *without* a corresponding depression, as one would naturally expect. My marked results have been in adult acute febrile conditions and seldom have I had to administer more than one dose or make more than one visit, which goes to show that from a business standpoint I have lost considerable money by three years' use of the most certain drug in the *Materia Medica*.

If we are ever in doubt what to do, it is a good rule to ask ourselves what we shall wish on the morrow that we had done.—*Lubbock*.

Frame your mind to mirth and merriment,
Which bars a thousand harms, and lengthens life.
—*Shakespeare*.

SUGGESTIONS IN METRITIS

J. V. M. CAIN, M. D., ATLANTA, GEORGIA.

Metritis is a most difficult and unsatisfactory disease to treat, owing to the fact that the varied forms are so numerous that a diagnosis that borders upon exactness is difficult to make, and lacking exactness, the treatment or treatments are proportionately lacking in correctness.

It may be well enough to mention a few of the different kinds one has to deal with. We must not, however, overlook the fact that the similarity that does, or will exist at times, will require the closest attention in order that results will be attained under treatment. The list is as follows; Corporeal endo-metritis, chronic and acute (this being applied to all forms is taken for

granted), cervical endo-metritis (or endocervicitis, catarrh) myo-metritis, peri-metritis.

The above named forms have other names attached, according to the local cause, and severity, which is of importance in regard to proper treatment more than for other reasons.

It is not a question as to why a course of treatment that has seemingly been chosen from specifically indicated symptoms, fails to give relief; it proves plainly that the physician has failed to locate the true cause, or that he has made a mistake in the symptoms. There is no doubt but that the above is a frequent occurrence with doctors, owing to the fact that often there are complications existing. There is one complication to which the physician should not fail to give a great deal of thought. It is where several of the forms exist at the same time.

Septic corporeal endo-metritis, as in other forms, is an inflammatory process of the endometrium, brought on by the action of septic bacteria. Most commonly we find that the onset of this condition is due either to carelessness or ignorance on the part of doctors or attendants in labor or abortion cases.

To give the causes in as few words as possible, unobserved rules of asepsis and antisepsis, unclean instruments of all kinds, and under all considerations; the patients not receiving proper attention in all operative cases as well as in non-operative cases; atmospheric infection, a theory which at one time in the remote past was upheld by the careless, unclean and lazy doctors, but now is a thing that has been relegated to the long forgotten past. Auto-infection is possible, probable and often the cause of this dreaded condition. One of the most difficult problems the physician has to contend with in the way of a diagnosis, is that the patient becomes infected very remotely from the localized suffering, therefore misleading in the treatment. I believe that it can be truthfully said that one of the most predominating causes of metritis in all of its

varied forms is gonorrhea, and the after-effects of this disease, a gleet discharge.

The different forms named were so named for the reason that the severity of the condition locally, suggested the name applied, and as a continuation would suggest to the physician the kind of treatment differing one from another, therefore breaking the routine character of treatment, hence we are brought to the beautiful systems of specific diagnosis, and last but not least, to specific medication.

Owing to the fact that there has been so much written and so many suggestions made in regard to the disease now in question, I feel that it is a hard task to offer anything new of worth, even with them that make a study of imparting knowledge in this way, much less a doctor that is only endeavoring to relieve the poor sufferer of pain.

With a close study, we can understand that through and from infections, laziness and filth, from a single one of the above and in the combination of them all, we may at once come in contact with the inflammatory processes, that lead up to one or all of the conditions that bring about single or complicated metritis, and we as physicians are expected to treat them, and successfully at that, no matter what the cause or causes may be.

In the diagnosis, equip your minds with a thorough understanding of specific signs that enter into the make-up of the disorder, then in treatment with a thorough understanding of each symptom or sign, apply the remedies which are clearly indicated.

In the treatment of all forms of metritis, local and internal measures will be needed. Local treatment should consist of hot fomentations and medicated applications over the abdominal walls. I find local abdominal treatment to give happy results.

I often find use for the following: Spt. turpentine, kerosene oil, spc. echinacea, and tr. opii., of each 2 drams; add to two gallons of water as hot as the patient can bear it; saturate small towel, wring out and apply over the entire abdomen. Reheat

the towel every fifteen or twenty minutes.

For cervical and uterine local treatment, I find the following to serve me best: Tr. iodine, carbolic acid, glycerine and tr. opii, applied directly to the cervical canal, and over the walls of vagina, by means of an application and a pledget of cotton. After the treatment remove the excess of the liquid with cotton, then place a well made, soft tampon to give support. According to the severity of the case, this treatment should be used every second, third or fourth day, always following the removal of the tampon with a good vaginal antiseptic douche. Either of the following will serve beneficially: Potass. permanganate, creolin or sodium chloride. With me, creolin is to be preferred.

The following has served me best for internal treatment: For severe suffering which we often have, I give deod. tr. opium, drs. ii; sp. gelsemium, dr. i; sp. echinacea, drs. v; tr. cinchona, drs. v; aqua, q. s. ozs. iv. M. Sig. Give a teaspoonful in water every one or two hours as directed.

Sp. aletris, oz. i; sp. cinchona, drs. iii; sp. echinacea, drs. vi; sp. macrotys, dr. ss; potass. arsenitis, liq., dr. ss; elix. lactopeptine, q. s. ozs. iv. Mix. Sig. Give a teaspoonful with water every three or four hours as directed. To follow up the above treatment by the addition of other indicated remedies I believe will give satisfaction in most cases of metritis.

I hope that what I have outlined in this paper will be the means of helping some physician in giving relief to sufferers.

Disappointment should always be taken as a stimulant, and never viewed as a discouragement.
—Newcomb.

CALMETTE'S OPHTHALMIC REACTION IN DIAGNOSIS OF TUBERCULOSIS

Parker (*Journal A. M. A.*, June 27, 1908. p. 2127) concludes his very comprehensive paper as follows:

1. The Calmette ocular tuberculin test is of as great diagnostic importance as any other single test.

2. A positive reaction is indicative of a tuberculous focus somewhere in the body.

3. The test is uncertain in patients under two years of age, in whom the cutaneous test of von Pirquet is most certain.

4. The test fails in advanced cases of tuberculosis, but there is little need of it here for diagnostic purposes.

5. The initial instillation should be preferably under 1 per cent strength, in order that severe inflammatory conditions may not follow its use.

6. If necessary to make the second and stronger test the instillation should be made in the eye not previously used.

7. The consensus of opinion seems to be against using the test in an eye not wholly normal.

8. After-complications have occurred from the use of the test, but these have entirely cleared up in a varying length of time. These conditions are not so frequent when the initial test is made with a solution under 1 per cent. in strength.

9. Recent investigations have shown a greater number of ophthalmic affections due to tuberculosis than formerly supposed, and in the Calmette reaction we have a simple means of differential diagnosis which should be thoroughly tried.

10. The ocular reaction is especially valuable for ascertaining the tuberculous nature of cases of phlyctenular keratitis and conjunctivitis, episcleritis and scleritis, chronic iritis and iridocyclitis, interstitial keratitis, and choroiditis.

11. A 1 per cent. solution of Koch's "old" tuberculin is nearly as good as the Calmette solution for diagnostic purposes.

12. The test in the hands of various observers has given such uniformly excellent results that its value is practically assured.
—*American Medicine.*

Be true to the best of yourself, fearing and desiring nothing, but living up to your nature; then you will be happy.—*Marcus Aurelius.*

It is usually not so much the greatness of our trouble, as the littleness of our spirit, which makes us complain.—*Jeremy Taylor.*

Brief Contributed Articles

SPECIFIC SUGGESTIONS IN PNEUMONIA

P. F. PRICE, M. D., MILO, IOWA

I have been reading this able journal (THE THERAPEUTIST) since the first number was published, and I esteem it above all the others. It is one of the few that are in the vanguard in the study of therapeutics. I am going to write a short article, and if it is acceptable I shall be glad of it. If not, it will be no offense to me, if the editor consigns it to the waste basket.

I occasionally see an article on pneumonia, which gives a certain line of treatment for this disease, as though one line of medication will meet every case. This is a delusion in diagnosis, and an illusion considering the character of specific medication. It is no wonder that so many patients die, when digitalis and strychnine are given to every case, or as one little patient was treated near me this winter, by the blowing of a so-called oxygen preparation into its nose and mouth. The child died, and no wonder. If the hepatized lung is closed against the oxygen of the pure air, how can it receive oxygen from artificial sources.

In my treatment of this disease, I find certain conditions that we must meet with certain indicated drugs. If the patient has a large, full pulse, full carotids, breathing fast and heavy, I give veratrum. If there is moist rales I add lobelia in good doses. If the skin is moist and the cough is deep and hoarse, I add asclepias. If there is pleuritic pain, I would give bryonia. If the patient has a livid look, if the skin and membranes look dusky, it makes no difference if the pulse indicates veratrum, I would add belladonna to this.

Some cases have a small, wiry pulse; then I give small, frequent doses of aconite. If the patient has a quick, vibratile pulse, with bright eyes, small pupils, and general restlessness, I would give gelsemium.

Some patients have a white, pasty coat on the tongue; for this I give the sulphite of the hyposulphite of soda. If the tongue has a yellowish coating, small doses of podophyllum are indicated.

In order to keep the chest warm, I use a jacket well powdered with lobelia and capsicum. This is a good reliable application. Keep the patient warm and let him have plenty of fresh air at the proper temperature. In the name of common horse sense, do not put cold applications on the chest of a pneumonia patient. Any physician who will wrap a patient suffering from pneumonia in cold applications is guilty if the patient dies, as he is more than likely to do.

Keep the bowels regular, but do not give heavy cathartics, for fear of irritating the liver, causing the local inflammation to extend to that organ, inducing abscess. Give the patient plenty of cold water to drink, and light, nourishing diet.

I have followed a line of treatment similar to that which I have advised with the most of my patients, varying it according to the indications, and I have lost but very few cases. During the past winter, I have treated eight cases; one of them, in which the disease followed whooping cough, died. One year ago, I treated fifteen cases during the winter, some of them very bad, and lost none. The winter before that I treated twenty-seven cases, and lost two.

I trust I have not deviated from the authorized course in giving a detailed account of my method and its results. If I have, I am anxious to be corrected. I am giving a great deal of study to therapeutics, and any correction of this course or suggestions that will improve the method will be gratefully received.

A CASE OF MIGRAINE

A. W. TEEL, M. D., KAHOKA, MO.

I desire to report to THE THERAPEUTIST the following case of migraine. My object is to obtain suggestions from the editor, and from the family, as the case is a persistent one, but has been under my observa-

tion only about three months. The physicians who have treated her previously are too numerous to mention, and any information or suggestions as to treatment will indeed be greatly appreciated.

The patient, Mrs. B., has had but one child, which is now 32 years old. She enjoys good health other than these headaches, has never had any miscarriages, and her childbirth was tedious, but not instrumental. Menstruation was always regular, but scanty, and did not reappear until the child was two years of age. She passed the menopause at her forty-ninth year.

The morning after her child was born, the nurse had the patient get up and walk from the bed to a chair, while the bed was being made, and afterward she walked from the chair to the bed to lie down again. This caused an acute prolapsus of the uterus, with pain similar to labor pains. The uterus was replaced after three or four hours. This was the beginning of the trouble. For ten years after this she was unable to do any housework. If she did any unusual work of any kind, it would cause bearing down pains, and a frontal headache.

The first regular attack of headache occurred when the child was two months old. This was frontal, and of a dull, heavy character, and would come on every five or six weeks. When the child was four or five years old, the pain changed from a frontal headache to an intense pain over the left eye. It remained in this locality for six years, when it changed to the right eye, where it has since remained, occurring regularly every fourteen days. Twelve years ago, it failed to appear for two or three months, then it reappeared more severely than ever.

Preceding an attack a few hours, there are some premonitory symptoms; there is a general feeling of malaise with nervous irritability, or there may be depression, accompanied with blurring of the eyes. The pain usually occurs about six o'clock in the morning, unless caused by excitement. An attack is always followed by nausea and

vomiting, which has not been relieved except by the administration of half-grain doses of morphine. The vomitus is always of a green color and very sour. The pulse is slow and weak. The patient is pale and exhausted and the bowels are usually bloated and constipated. Occasionally the skin is jaundiced, and there is a pain which extends from the region of the liver to the umbilicus. There are a few hemorrhoids that are painful at times. I have made a careful examination of the genital organs, and find them apparently normal. There is persistent sourness of the stomach, for which I have had the patient take large quantities of bicarbonate of soda. I have treated her with iris, podophyllum and chionanthus, with some improvement, although there is a gradual increase in the general debility.

COMMENT.—The chronic character of this case will make it very difficult to relieve. The periodicity should have been treated persistently years ago, as there is some chronic liver trouble. If treated with reference to malarial complications, benefit would probably have been secured. I would make the following suggestions: Treat the indications specifically. Study the liver conditions and the persistent gastric acidity with reference to their complete removal. Give the patient 2 or 3 grains of the prussiate of iron every three hours for twenty-four hours preceding an attack, neutralizing gastric acidity at the same time. The indication in the face and eyes at the time of the attack with any cerebral symptoms that may be present will probably be found specific to some one reliable remedy. These should be so met. The difficulty may be neuralgic in character.

I believe that Dr. Woodward's method of intrauterine irrigation would accomplish a great deal in this case. It certainly would have been beneficial years ago.

HYPERTROPHY OF THE PROSTATE GLAND

F. A. PINELES-MONTAGU, M. D. DRURY, NEW ZEALAND.

I noticed in the March number of ELLINGWOOD'S THERAPEUTIST a request by Dr. E. S. Jones for a treatment of the above disease, which I here present with a few preliminary remarks.

Immediately in front of the neck of the bladder, and around the lower portion of the urethra, is a glandular body which occupies a considerable portion of the perineal

space. It measures about one and one-half inches in its transverse diameter, and one inch in its outer posterior diameter, and three-fourths of an inch in depth. When the finger is introduced into the rectum, one can detect an enlargement of this organ.

Hypertrophy usually occurs in men past fifty years of age. It comes on very slowly, and produces no disturbance until it begins to press upon the neck of the bladder or rectum. The first symptom usually observed is too frequent urinating, accompanied by pain, and the stream is reduced in size. In other cases there is excessive dribbling and the stream is twisted. From pressure upon the rectum the evacuations are flat and small. As the hypertrophy increases the difficulty of urinating is aggravated until it cannot be accomplished without the use of a catheter. Spasmodic pains occur in the parts and are especially noticeable at the extreme end of the penis. Impotence occurs in the early stage. This dangerous disease affects the whole system, causing great nervous agitation, anorexia and frequent chills. In time, suppuration occurs, and pus escapes with the urine; afterwards it burrows deep into the tissues of the parts, and abscesses form in the perineum. The bladder frequently becomes perforated and the urine escapes through a perineal opening.

No cause can be given for this disease, for it occurs as frequently in old men of good habits as otherwise. It is readily diagnosed and there is no excuse for its neglect. The sooner it is detected the more readily it can be cured. Surgery in this disease is apt to be a failure. It is practically impossible for any surgeon to successfully remove the enlarged gland, and the patient to live and enjoy life for a long period subsequently.

The patient should live on a simple, but nutritious diet, and should be directed to drink freely of mucilaginous liquids. In every case the use of alcohol, beer of any kind, tea and coffee should be strictly prohibited.

In this disease we have a sheet anchor, in my opinion, and it is *sabal serrulata*.

To obtain the desired results from this remedy the very best preparation must be obtained, and I know of no better than Lloyd's specific. The dose is from five to ten minims, three times a day, in water. It is claimed that when taken into the stomach it is absorbed into the blood and passes direct to the genitalia. This peculiar tendency of all our remedies to influence certain organs is very important. In some cases it is advisable to add specific *thuja*, five minims, to the *sabal serrulata*, but it must be borne in mind that it is astringent and likely to cause constipation.

The finest laxative to be found on this side of the globe, and I daresay may also be obtained on the other side, is tabloid laxative, vegetable, Burrough's Wellcome and Company. Some patients cannot take the mixture, as it sometimes causes nausea, so I add one dram or two drams of the liquid extract of licorice to make it more palatable and in addition it obviates the tendency to constipation to a certain degree, being in itself mucilaginous and a hepatic stimulant. I trust that this short article will be of some use to my worthy brothers. I have prescribed both the drugs named for the past nine years, and my last case was an old man of seventy years of age.

DIAGNOSIS OF PREGNANCY BEFORE THE THIRD MONTH

W. R. FOWLER, M. D., POTTSVILLE, TEXAS

In the first place I will say that it is often a difficult task to diagnose a case of pregnancy with any degree of certainty before the third month, and I have found the task of writing a paper upon this subject about as difficult, and equally as unsatisfactory.

It is often desirable to know at a very early period whether pregnancy exists or not. The reputation of the female, the legitimacy of the offspring, or even the life of a new being may be the questions at stake. To determine this with absolute certainty is an unsolved problem.

Therefore a knowledge of the signs common to pregnancy and if any peculiar to

that state, of them also, can not be too thoroughly acquired. We cannot be too cautious in receiving statements from the woman herself unless we have sufficient acquaintance with her to justify implicit confidence in her statements, and even then we should depend more upon our own knowledge of the symptoms rather than upon any statement she may make. We should exercise great discretion, and rely almost entirely upon the indisputable evidences of our senses. We should not predicate our diagnosis upon one symptom, alone, however convincing it may be, but upon a combination of unquestionable ones. If the least doubt exists we should say so, for it is safer for our reputation to remain in uncertainty than to pronounce an incorrect diagnosis.

To determine a recent conception is not only difficult, but as far as the physician is concerned, absolutely impossible. It is only when pregnancy has somewhat progressed that we are enabled to say with any degree of confidence, that the woman is pregnant.

The signs I will enumerate are strong evidences of pregnancy, still any of them may be absent, and the woman be pregnant; and they all may be present, and the woman not be pregnant; but if they were all present, I would feel very confident that a diagnosis of pregnancy was correct. First, absence of menses. This is a valuable indication, yet we must not place too much in it. If the woman has been menstruating regularly, especially a married woman, and her health otherwise is good, this points strongly to pregnancy. Second, the character of the vulvo-vaginal vessels and the increased secretion of mucus. To this may be added increase of vaginal temperature over normal, gradual symmetric enlargement of the uterus, and softening of the cervix.

Third, nausea and vomiting. Especially is this true on rising in the morning. This is with many the first indication they have of their condition. Often beginning by the end of the second week and continuing

several months, sometimes to the parturient period. It is said to greatly resemble seasickness, as some of my patrons have told me.

Fourth, enlargement of the mammæ. They become rounder, firmer and more sensitive; the nipples increase in size, and are more sensitive, also; the areola changes from its natural pink color to a deep brown. This is a more valuable sign in first pregnancies than in subsequent ones. The papillæ or sebaceous glands which are located beneath the skin of the areola become enlarged, appearing like small tubercles. This, with the brownish color of the areola, is a very positive sign in early pregnancies.

Fifth, an appreciable increase of size of the abdomen occurs by the third month. This begins in the median line in the pelvic region, and gradually rises, as pregnancy advances.

There are other signs of more or less value in occasional cases, but these are the ones upon which I place the greatest reliance. Summing up, if I have a case with cessation of menses, enlargement of the breasts, morning sickness, turquency of the vulvo-vaginal vessels, darkened areola around the nipples, softened cervix, and rounding up of the uterus, with usual good health, in a married woman, the inference is strong that pregnancy exists, and I so state it. If in an unmarried female, I prefer waiting awhile. Not much to be lost in waiting; often the patient's good name is saved. Besides all this your ability as a diagnostician is spared, and you the chagrin of being called uncertain as well as unsafe.

APPENDICITIS TREATED MEDICALLY—RECOVERY

A. S. THOMPSON, M. D. McDONALDS CORNER,
ONTARIO, CANADA.

Hubert McNaughton, aged eleven years, a farmer's son, had complained of severe pain over the region of the appendix, with fever and vomiting for two days previous to my visit. When seen the temperature in the mouth was 102°, pulse 120, tongue

coated, pain pretty severe over the appendix, with rigidity of the right rectus muscle. I gave atropine, 1-250 of a grain hourly to relieve the pain, until dryness of the throat supervened, then less often. Aconitine amorphous, 1-134 of a grain, digitalin, 1-67 of a grain. Veratrum, 1-134 of a grain, in hourly doses in solution to bring down the fever, sedate the pulse and increase elimination. Calomel and soda bicarb., aa 1-2 of a grain every half hour for three doses. After the last one, I gave a dose of magnesium sulphate.

On September 5, the temperature was 100.4° F., the pulse was 120. He looked well, but the pains were still severe and there was a swelling, quite visible, over the region of the appendix. As the bowels had not acted an enema of sodium chlorate, sodium bicarbonate, aa was given, and the atropine and defervescing granules were continued.

On September 6, at 9 a. m., the temperature was 96, tongue dry at the tip, bowels tympanitic, four stools between 2:30 a. m. and the time of the visit. Atropine and defervescing compound were continued, and sodium sulphocarbolate, grains 2 1-2, was given every two hours. The bowels were washed out with salt and soda solution night and morning, a long rubber tube being inserted as far into the bowels as possible. The pain was moderating and the patient looked well, but the bowel movements had a very offensive odor.

On September 7, 9 a. m., the temperature was 99°, pulse 90, the tongue was red, rather dry. The general appearance was good. Bowels had moved several times, since my last visit, and flatus had passed freely. The treatment was continued, and small doses of magnesium sulphate were given night and morning. Food, consisting of chicken broth, was given every four hours, water and lemonade for drinking purposes ad lib., a small quantity at a time.

On September 8, the temperature was 97.6°, pulse 106. The bowels moved seven or eight times since my last visit. He was

troubled with gas in the bowel, and there was some general tympanites. Pain over the appendix was much less, and the lump was disappearing. The general appearance was good, and I continued the treatment, and gave a turpentine enema night and morning to remove the gas. I added bread, eggs and milk to the dietary. The patient complains of some pain over the left iliac fossæ.

On September 10, at 7:30 p. m., the temperature was 99°, pulse 102, general conditions good, all symptoms improving.

September 12, the temperature was 98°, pulse 96, tongue clearing. I gave a tonic of arsenate of iron and quinine and strychnine, three or four times daily with the food. On the sixteenth visit, the temperature and pulse were normal, abdomen still a little tender, tonic continued and care in diet advised and the patient was discharged cured.

Two and one-half years have passed and there has been no return of trouble. At one time during the treatment I went over, expecting and prepared to operate, but I found the symptoms had improved, so I continued the medical treatment. I went more, perhaps, by the general appearance of the patient, than by either the pain, or the pulse, or temperature. He never had a bad look.

Donald Ferguson, a farmer, 68 years of age, eight miles distant. September 20, had a severe pain in his bowels, over the region of the appendix. Examination showed a coated tongue, a temperature of 100°, pulse 92. I confined the patient to bed and gave calomel and soda, of each grains 2, followed by epsom salts. In three or four hours I gave atropine, 1-250 of a grain, hourly, for the pain in the bowels. The swelling over the appendix was quite plainly outlined. On September 22, the temperature was 99.8°, pulse 104, tongue moist, pain less, but as the bowels had not moved, I gave magnesium sulphate, one dram hourly, until effect. On September 23, temperature was 99°, pulse 84. The tongue was clean, bowels tender to pressure, but the

pain was less. Three stools since my last visit. Sodium sulphocarbolate, 2 1-2 grains every two hours, calomel and soda, of each one grain at night and magnesium sulphate the next morning.

On September 26 the temperature was normal, pulse was 84, tongue moist, bowels were less tender, swelling over the appendix still palpable, pain less. I gave atropine, 1-250 of a grain, every hour for the pain in the bowels, and a dietary the same as first case. He was discharged as cured, and has had no return of the trouble since. The patient went deer hunting November 1, of the same year. You will note that I did not use any opiate to relieve the pain, fearing to lock up excretions, and mask the symptoms. I gave atropine instead.

MY EXPERIENCE WITH LOBELIA

H. G. PALMER, M. D., DETROIT, MICH.

I note in the March number of your journal that quite a little is said about lobelia and some claim it will not produce vomiting. My experience does not coincide with this. I have given it internally and hypodermically, and it produced vomiting every time except once, when I gave it hypodermically. The only cases in which it has not caused nausea and vomiting was when I gave it per rectum. I have given ounce doses of Lloyd's specific in one pint of warm water in the rectum for relief of pain in the ovaries, when morphine and other pain relievers failed to relieve. The results were good, the pain being quickly relieved.

Have used lobelia hypodermically for angina pectoris and the results were good, but the straining and vomiting are a great disadvantage and almost counteract the good obtained. Have given the drug for one case of eclampsia following a normal labor. Here the results were good; the convulsions were controlled quickly and the vomiting did no harm, in fact did good, for the stomach was thoroughly emptied.

Have treated two cases of diphtheria that were given lobelia in conjunction with antitoxin. The results were not good.

I would much rather have the antitoxin alone with other indicated remedies. Every injection of lobelia was followed by vomiting (except one) and sometimes in less than two minutes. There was always redness where injection was given but no pus formation. I thought possibly vomiting was a coincidence, so I gave another injection to be sure, and it was always followed by vomiting. It acts as quickly as apomorphine and in much the same way. I am not prejudiced against lobelia, for I use it a great deal. I am still using it for spasmodic conditions and may report some cases later.

COMMENT.—Dr. Palmer does not say what form of lobelia he has used. If he uses the specific medicine his experiences do not correspond with those of the most of the observers. Many of them claim no nausea whatever. Others claim only occasional nausea. If the beneficial results prove to be as great as those claimed by many, the nausea in many cases will not be an objection. We know so little yet about the action of the remedy hypodermically, that we must not draw final conclusions. I believe that we will find specific indications for its use hypodermically, as precise as any that can be stated, as well, also, as contraindications. Let us make our observations very exact, in order that we may place the remedy in its exact place, which I am convinced will prove to be a very important one. We want both sides of the question as Dr. Palmer's paper gives them to us, but we must have exact observations.

A FORMULA FOR EPILEPSY

R. A. CLOPTON, M. D., MILAN, TENN.

The following prescription is the combination I use most commonly in the treatment of epilepsy. While the formula calls for eight ounces, if the patient lives at a distance I order a pint, which will last about a month.

R_x

Bromide of ammonium	...oz.	1
Specific belladonna	drops	20
Specific cœnanthe	drops	30
Specific pulsatilla	drs.	4
Water, q. s.	ozs.	8

Mix. Sig. Take a teaspoonful in water four times a day. To prevent fermentation of this compound in warm weather, instead of one third of the water above specified, I add simple elixir.

In the treatment of this disorder I do not use bromide of potassium at all. I do not

believe this remedy ever cured a case of epilepsy. It is common to continue the use of the potassium salt, for two or three years, but in that time I believe that it will produce insanity or imbecility.

I much prefer the bromide of ammonium instead. This is a stimulant to the central nervous system, increasing waste and improving nutrition. It certainly accomplishes permanent results for me in epilepsy.

It will be observed that the proportion of *œranthe* in the above prescription is larger than that prescribed by the manufacturers of our specific medicines, but I have seen only good results from this remedy in this combination.

In the larger proportion of the cases I have met, which tend to epilepsy, I have seen but few, if any, in which the pupils were not dilated, and in which the face or the skin was not pallid or of a dull color. I therefore prescribe belladonna, to meet these specific indications.

Because of the fact that all young girls and most of the older women that are troubled with epilepsy have uterine disorders, with either painful, irregular or scanty menses, I prescribe *pulsatilla*. In really bad cases, I use a larger quantity of the bromide of ammonium for perhaps a month, or even more, according to the severity of the case, until the spasms cease, but my cases have had but few returns of the attacks, after this medicine was begun.

To keep the intestinal tract in order, I usually give a little *podophyllum* when indicated. I find it a valuable addition to the treatment. With this method above outlined, I have cured patients that were afflicted from three to ten years, and have made permanent cures. While in some cases I have continued the treatment twelve months, it seldom requires that long. I give the medicine in teaspoonful doses, four times a day, for perhaps three or four months, then three times a day, as long as seems necessary. I afterward continue it twice a day, until I consider the patient safe.

I am aware that this method is specific only in a general sense. It is specific to

the general conditions, but these conditions are so prevalent in the cases that come under my observation, that the medicine has been almost universally applicable, and I can certainly recommend it.

REMINISCENCES

PROF. A. L. CLARK, A. M., M. D., ELGIN, ILL.

By an article in the March number of *THE THERAPEUTIST* I am reminded of two things concerning which I am tempted to write a few words.

First as to chloroform in chills. During my army medical experience I was at one time confronted by an epidemic of malarial chills in my regiment, the 127th Ill. Vol. Inf. It would seem that at one time nearly a third of the command would be shaking every day or every other day, and quinine, the general stand-by, was almost entirely unprocurable as the surgeons of other regiments were in the same predicament. I had, however, a large stock of chloroform on hand and concluded to try an experiment.

Making up a quantity of thick mucilage of gum arabic I added to it enough chloroform so that each teaspoonful should contain one-third of a teaspoonful of the chloroform. Giving an ounce of the mixture to the afflicted patient I directed that after thoroughly shaking the mixture he should, a half hour before the expected chill, take a teaspoonful, and if awake at the end of the half hour take another in the same way, at the same time lying down and making the way as easy as possible for a nap. Most of the patients would go to sleep with the first dose, after the second few were awake, but all slept till long after the chill should have come and forgot to have one at all. It was of course necessary to wait with some apprehension for the seventh and fourteenth or fifteenth days, as would have been done if quinine were taken, and the recurrence of chills was about the same that would have occurred if quinine had been taken.

My second suggestion came upon the case of the "awful histriks." More than thirty

years ago a man came to the door who was the picture of despair and grief, and with great tears running down his face implored me to go as fast as horses would carry me to see his wife, who would, he thought probably be dead before I could get there. Upon my arrival I found all the available women in the neighborhood were already there, exhibiting all the varieties of lugubrious emotion of which they were able, while upon the bed reclined a young woman, apparently oblivious to all that surrounded her. Naturally I desired to see the pupils of the eyes to note the conditions there.

Upon attempting to raise the lid of one of the eyes I was met with quite firm resistance, but after overcoming this, the eye was seen to sweep around and take in hurriedly the general appearance of the room. My diagnosis was made, and calling for a teaspoon I put in it three or four grains of capsicum and filled the spoon with fluid extract of lobelia. When about to give this to the patient I was asked if it would not choke her. I said, "No, this medicine never chokes any one," and pulling the corner of the mouth aside a little I poured the dose in by the side of the teeth on one side.

An interval of two or three seconds was followed by a quivering of the cheek on the affected side and the patient raised up in bed, spat violently and called in no uncertain voice, "water, water, water."

She was cured, and for me the business was spoiled, for I told them I would give them a prescription for the medicine which they must get and always keep in the house in case of another attack. But another attack never came; the cure was permanent.

URTICARIA

J. M. BAKER, M. D., ALVORD, TEXAS

This affection is characterized by prominent, smooth patches upon the skin, the color of which is either paler or redder than natural. These nodes are round or oblong welts, and are attended with intense burning or stinging pains. It is familiarly called nettle rash or spring nettles. The

nodes disappear suddenly, and when they recede may make the patient sick enough to vomit, or if it goes to the mucous membranes of the lung, cause difficult breathing and a croupy cough. One form of this was formerly called "bold hives" by the old ladies, when it attacked young children. This disease is usually acute, but may become chronic in some cases. It may occur at any stage of life.

CAUSES.—It may be caused by uterine disease in females, or intestinal irritation in children. Certain food and drugs cause it in some constitutions. Quinine in some cases causes it as bad as any case I ever saw. My observation is that there is always too much of acids in the system.

TREATMENT.—Various drugs are recommended for its cure, but I cure 90 per cent of my cases with one drug, namely, hyposulphite of soda. I give one dram every two hours till the bowels move freely, then I give 10-grain doses every two hours for twenty-four hours, and the patient is well. I also make saturated solution of the same salt and apply it externally to relieve the itching. If a female has it, and has some leucorrhea, I give sulphide of calcium, 1-2 grain every two hours, till the breath smells of the drug. When the eyes are puffy, and the kidneys are not eliminating sufficiently, I prescribe apis, 20 drops in four ounces of water, a teaspoonful every hour. This stops the stinging pain, and starts the kidneys to acting. There is a chronic form, where the patient has the itching in the palms of the hands and the soles of the feet every time he gets warm. These cases have chronic indigestion, with acid fermentation. Phosphorus 20 drops, water four ounces, a teaspoonful four times a day, in connection with the neutralizing cordial, cures these cases.

In all the cases I ever saw, there never was an indication for an acid but nine out of ten called for an alkali both externally and internally.

Like as a father pitieth his children, so the Lord pitieth them that fear Him.—Ps. 103:13.

Letters

LOBELIA HYPODERMICALLY IN PNEUMONIA

Editor Ellingwood's Therapeutist:

You ask for experiences with sp. lobelia, therefore I will add my mite to your collection.

March 16 I was called to see L. D., a babe four months old. Found that she had been sick four days and I was the fourth doctor that had been in attendance. I found the babe with a temperature of 103°, pulse and respiration in proportion; irritable cough, with the right lung solid throughout. I put her on the usual treatment and the case continued with temperature varying from 103° to 104°, conditions otherwise unchanged, until the evening of the 18th, when I found the temperature 105°, pulse 160, respiration, 60, cyanosis marked; refusing both food and medicine, with almost continuous cough.

I thought of your letter and Dr. Jentzsch's article, and I injected hypodermically 15 drops of sp. lobelia. In a few minutes all symptoms ameliorated. I prepared a solution of the lobelia, 15 drops to the dose, to be given every two hours, with a fever solution of aconitine, hyoscyamine and strychnia. The 19th the temperature was 104°; treatment the same. On the 20th the temperature was 103°, but still there was no resolution; however, other symptoms were so much better that on the 21st I discontinued the lobelia, continuing other treatment the same. At 2 a. m. of the 22nd they were after me again. I found the temperature 105°, pulse and respiration unable to count; cyanosis very marked, coughing incessantly, had refused all food and medicine for eight hours. The mother, grandmother and great grandmother all united in saying, "It's no use. There's no use in torturing the child any longer with medicine." Mentally kicking myself for

dropping the lobelia, I injected 20 drops. In five minutes the coughing ceased, and the child rested quietly for two hours. As soon as she became restless again I gave her fifteen drops hypodermically, nothing else, and she had another rest of about two hours, then as she began to get uneasy, I repeated the dose, and with it she drank about half a bottle of prepared milk. All symptoms were better. As I left in the morning I gave another hypodermic of 15 drops and left a solution of lobelia, 15-drop doses to give one every two hours or oftener if needed, also I left a solution containing echafolta 5 drops, and cactus 2 minims per dose to be given every two hours. Upon my return in the evening I found the temperature 103° and resolution taking place. I continued the treatment and the child made uninterrupted progress and is now convalescent.

'I certainly consider that specific lobelia saved the life of this child.

Yours fraternally,

GEO. R. WRIGHT, M. D.

Deansboro, N. Y.

ATROPINE AS A HEMOSTATIC

Editor Ellingwood's Therapeutist:

Dr. William F. Waugh, one among the most eminent and learned medical men in the country, wishes to get the experience of his medical brethren, of the effect of atropine as a hemostatic; and as such, I do not think many of us can enlighten him, if such a thing is possible, as I suspect the doctor knows as much about its properties, and special virtues, as any one else.

In forty years' practice, I have not used belladonna, or its alkaloids, as either directly or indirectly, hemostatics, *per se*, but on account of its effect in contracting the arterioles by its stimulation of the cardiac ganglia of the sympathetic, thereby causing a rise of blood pressure, which it at first increases, and is succeeded soon by a diminution of blood in the vessels, would make it indirectly a hemostatic. As a hemostatic, it is so secondarily. I quote from Wood and others, that, "Belladonna

paralyzes the termination of the pneumogastric nerve in both heart and lungs, and stimulates the sympathetic." Dr. Kerr, of California, claims that by administering atropine hypodermically, before using chloroform as an anesthetic, preparatory to a surgical operation, that 1-20 of a grain was given, and there was no trouble in the breathing, no blue lips or nose, and that the heart beats were regular, and even stronger than usual." The operation was completed without a single bad effect, and, Dr. Waugh, the hemorrhage from the operation was much less than usual, and easily controlled!

Dr. Lewis A. Somers says, "When atropine is used for several days in application to the eyes, the nares assume a condition closely resembling hay-fever, without the sneezing." Surely a determination of blood to the fine vessels, congesting them.

Dr. Oppenheimer says he treated a case of epistaxis by plugging the nostrils with cotton and glycerite of tannin, and administered tincture of belladonna in increasing doses, which resulted in a cure. The case was an aggravated one.

A. N. Dimitrief has obtained good results in menorrhagia by the subcutaneous injections of atropine in doses of 0.0003 grammes. In the first case, the hemorrhage stopped after four injections; in the second, after three. He says: "Atropine is sometimes of service, when other hemostatics have failed." He is unable to explain the action of atropine; but is certain it affects the blood pressure; but whether by acting on the vasomotor nerves, or on the vessels themselves, or on the vasomotor center, is, he considers, doubtful.

Now, here comes Brown-Sequard, who, in writing about hemiplegia, said those remedies internally, which lessen congestion, are the most useful, and recommends the employment of extract belladonna, in from 1-4- to 1-3-grain doses, twice a day. After six or eight weeks of the belladonna treatment, if there is no amendment, he gave iod. potass., in from 6- to 15-grain doses, in addition to the belladonna. What

is the purpose, but to limit or check cerebral hemorrhage?

Dilatation and contraction of blood-vessels involves the question of the physiological action of such agents as opium, ergot, strychnia, belladonna, chloral, bromides, and veratrum viride, as well as gelsemium; and many other agents used to affect the nerve-centers, and thereby influence the circulation in certain pathological states. Now, belladonna in its physiological action is a stimulant to the vasomotor centers, increasing, in moderate doses, blood-pressure; and when in excessive doses, the blood-pressure falls, and there is with it dilatation of capillaries, which is paralytic in character, thus causing a loss of muscular irritability, and contractility of the muscular fibre; but so long as this is not lost, galvanic stimulation of a sympathetic nerve will not fail to produce contraction in the tributary vessels. Whatever stimulates the cerebrospinal and sympathetic centers, produces contraction of blood-vessels, diminution of blood supply, and decrease of all vital properties. Whatever agents paralyze the sympathetic, therefore, gives rise to dilatation; while whatever irritates, results in contraction. The doctor knows that atropine is a sedative upon the peripheral nerves; that it is a stimulant to the respiratory centers; and exerts its influence upon the heart and vasomotor centers! Now, if he can figure out why he should bother about "atropine as a hemostatic," when we have so many agents, reliable and virtually specific hemostatics; and agents, also, which are not attended with the hazard that we take in employing atropine; especially as the quantity allowable is so small that it cannot promise any dependence on it as a hemostatic. At all events, it can only be depended on as remotely and indirectly hemostatic. Let us not forsake the reliable and tried, as well as safe, remedies, for those which are purely experimental, and I am almost tempted to say—empirically tested! Atropine is a sorry dependence as a hemostatic!

D. L. FIELD, M. D.

A TUBERCULOSIS VACCINE

Editor *Ellingwood's Therapeutist* :

Ten or twelve years ago I wrote an article which you published in *The Chicago Medical Times*, calling attention to the fact that in my observation I had never known a butcher to have tuberculosis, and suggested the possible theory that as the smallpox vaccine came from the cow, so there might be a tuberculosis preventative in cattle, with which the butchers get vaccinated in the constant handling of the carcasses of beeves and the cuts and scratches they get in their work.

Now comes Spengler with his *Perlsucht Tuberculine* ("P. T. O."), which preparation is attracting great attention. It is prepared from cattle suffering from pearl disease, which is a true bovine infection.

Spengler says, "*Perlsucht* toxine is very slightly toxic for tuberculosis in humans, but curative and immunizing effects can be produced by this toxin in a short time without danger. *It is comparable to Jennerian vaccination.*"

The *Perlsucht* original tuberculin which Spengler designates as ("P. T. O.") is made in exactly the same manner as old tuberculin Koch ("O. T."), except that the germs are taken from cattle suffering from pearl disease.

These facts (if facts they be) are very gratifying to me, as I have been prophesying for the past quarter of a century that the time would come when the doctor would vaccinate the new born child against tuberculosis as effectually and certainly as he now does against smallpox.

Then the great White Plague will be stamped out in fact and not only in theory, now so profusely presented in the secular papers.

W. W. HOUSER, M. D.

GELSEMIUM FOR PAIN

Editor *Ellingwood's Therapeutist* :

Enclosed please find my dollar for *THE THERAPEUTIST*, 1909. I generally find time to read it from "kiver to kiver" before many days after it is received, even if my more expensive journals have to remain neglected.

W. W. HOUSER

Now as to my therapeutic fact. I wonder if all of us appreciate the value of gelsemium as a remedy for pain with or without fever, where the general indications of bright eyes, contracted pupils, increased heat of the head and general restlessness, with moving about of the extremities, are present. It may be given in from 1- to 20-drop doses of the specific tincture even in cases where there is heart trouble, if the indications exist. I have recently given it in 20-drop doses p. r. n. for lingual neuralgia ("Tic") controlling the pains for months when nothing else would give relief. In fevers where there is increased heat of the head and general restlessness, 10 to 15 drops in 4 ounces of water, a teaspoonful every one or two hours, will generally bring quiet, and aid the other remedies in bringing about a normal condition.

W. J. DONALDSON, M. D.

CAMPHO-PHENIQUE

I make campho-phenique after the following formula:

Gum camphor ozs. 12

Phenol crystals ozs. 3

Reduce the camphor to small pieces, melt the phenol and then mix together in a clean, dry bottle; the camphor will dissolve in a short time. This makes a saturated solution, entirely neutralizing the caustic action of the phenol and produces a powerful, non-toxic, non-poisonous, non-irritating, anesthetic, antiseptic compound that insures perfect antisepsis and promotes healthy granulation. There is not another compound known to medical science that can take its place in the treatment of cuts, burns, sore throat, bruises, sprains, gunshot wounds, boils, and as a preventative against infection. I apply it full strength for all cuts, wounds and general surgical purposes.

In sore throat, diphtheritic sore throat, use it pure on a swab and dilute one-half with paraffine oil when used as a spray. In nasal catarrh use campho-phenol 1 part, paraffin oil 5 parts; use as spray.—A. J. SLAY, Byersville, O., in *Drug News*.

Therapeutic Facts

Dioscorea in Hepatic Disorders

In *The Medical Record* for November, I have observed a treatment given for inflammation of the bile ducts by Dr. Berkeley. The treatment there advised is after the authorized method of the old school. I would like to present here a very simple method of treatment, which I first tried upon my own person, with such satisfactory results that I have used it with four of my patients, all of whom were completely cured. Dr. Mitchell of San Francisco prescribed for me, and this gave me the suggestion for the use of this method.

The remedy I use is specific dioscorea villosa. These cases all suffered from hepatic colic, from gallstones. Jaundice was present also, and this ultimately disappeared. I give the remedy in 2-dram doses, and repeat it if necessary. Later, if there is a tendency to recurrence of the difficulty, I give 2 drams three times a day.

THEODORE F. BENNDORF, M. D.

COMMENT.—Most of our physicians who have been in practice for any length of time, have proven to their own satisfaction the very reliable and satisfactory influence of dioscorea in bilious colic. It may be given in from one to two-grain doses, every twenty minutes. If given in cold water, the influence is satisfactory indeed, but if given in hot water, the results are more immediate, often, than a hypodermic injection would be. The doctor has certainly run across a very reliable remedy.

Ranula

Ranula is defined by Dunglinson's medical Dictionary as a small, soft tumor, which forms under the tongue, fluctuating and semi-transparent, formerly considered to be caused by the accumulation of saliva in Wharton's duct, but now said to be due to obstruction of one of the mucous glands beneath the tongue—the glands and ducts of Ranui.

The treatment usually recommended is entirely surgical. In an old issue of the *E. M. Journal*, Dr. A. J. Howe described

this disease and gave the treatment as surgical. While the difficulty is not of much gravity, it is very annoying. In another number of the *E. M. Journal*, page 564, Dr. C. E. Miller, of India, describes a case of a small tumor, which occurred under the tongue of a patient, unlike any thing he ever saw in this country, and which he did not remember to have ever heard of or have seen described. He used full strength thuja, with good results.

During the past year, after I had seen Dr. Miller's article, a case of this character came under my observation. A little girl, eleven years of age, had a tumor as above described, otherwise she was in excellent health. I gave this patient internally calcium iodide, and applied thuja, full strength externally, for some time, with a gradual abatement in the size of the tumor, and an ultimate cure. This patient had chronically enlarged tonsils, and I gave her internally also, for this, *phytolacca decandra*. I trust these suggestions will be of value to others.

J. W. SHAW, M. D.

Chloroform in Congestive Chill

In the March number of your journal I notice that one of the writers has used chloroform in the treatment of congestive chills. During my hospital service in the Civil War, I devised the following prescription for these cases, which I used a great many times, and found it never to fail if the patient was able to swallow. It is made of chloroform, 1-2 ounce, tincture of capsicum and alcohol, of each, 1 ounce. Of this I put 3 drams in a glass of water. After having put the patient to bed, and in a position to be thoroughly warmed, I would give him a swallow of this every fifteen minutes. After a few swallows, the patient begins to sweat, and after a short time becomes intensely warm.

To illustrate the action of this remedy I give the following case. I was called to see a young married man, who was said to have died of congestive chills. When I reached the bedside, I found that the

sympathetic neighbors had straightened out his limbs, crossed his arms across his breast, and had put a twenty-five-cent piece on each eye.

I had a half-pound bottle of chloroform in my case, and I at once applied it over the entire spine, and over the chest, retaining it in contact to prevent evaporation. The intense effect of so large a quantity retained, produced an almost immediate reaction, and he showed some signs of life within a few minutes. I then began to pour the hot drops down his throat, and in one hour he was in a profuse perspiration, and had regained full consciousness.

H. W. BLACK, M. D.

Acute Gastrointestinal Pain

In the treatment of cramps or pain in the stomach or bowels, as colic, or cholera morbus, and for diarrhea, dysentery and cholera, I keep the following formula made up, and find it often indicated. It is especially prompt in controlling such pain.

R

Essence of annis oz. 1
Essence of peppermint oz. 1
Tincture of camphor oz. 1
Tincture of opium oz. 1
Fluid ext. xanthoxylum oz. 1

Mix. Sig. Give from twenty to sixty drops in a little sweetened water, repeated as often as necessary.

L. H. DE MAR, M. D.

Blepharitis

Mrs. C., age 21 years, married, had suffered several days from painful swelling of the eyelids, which involved the surrounding structures. The secretions glued the eyelids firmly together during sleep so that it was with difficulty that they were separated with warm water in the morning. The discharge was purulent and offensive. There was asthenopia, irritable pulse, and other conditions normal. I advised bathing the eyes with a solution of boric acid, and gave her every two or three hours a teaspoonful of a solution made of equal parts of specific euphrasia and tincture of cardamon com-

pound, three drams in four ounces of water. This produced a rapid and satisfactory cure.

F. A. PINELES-MONTAGU, M. D.

COMMENT.—The use of euphrasia in this class of troubles is not yet well understood by our physicians. Homeopaths have used it for a number of years in the potencies. It exercises a desirable effect in larger doses when the eyelids and mucous lining of the nose are in a state of acute inflammation. The remedy deserves more general use. I would like very much to have reports from those who are using it.

Gelsemium in Epilepsy

I recently had a case of epileptic convulsions which presented strong indications in a very specific manner for gelsemium. The patient was a man, 28 years of age. I immediately prescribed gelsemium, in 5-drop doses, repeating the dose until in a short time I observed the physiologic action of the remedy upon the respiratory organs. The convulsions were controlled, while the patient was under the influence of the remedy, in a very satisfactory manner.

C. L. BILLINGSLEY, M. D.

Galvanism in Urethral Stricture

Many of the readers of the THERAPEUTIST are undoubtedly using eclectic modalities in the treatment of disease. If any are hesitating to use the galvanic current in the treatment of urethral stricture, or have tried the Robert Newman method and failed to get results, I wish to give my experience with this method, supplemented with treatment found in Ellingwood's *Materia Medica*. Previous to the treatment the patient is directed to take a 5-drop dose of tincture gelsemium (E. M. M. & T., page 53), then upon being placed upon the table, an injection of warm olive oil is made (E. M. M. & T., page 388).

After a few minutes, an olive-pointed electrode, two sizes larger than the stricture, is attached to the negative pole of the galvanic current and introduced into the urethra so as to engage the stricture, no pressure being used. The positive pole is attached to a large pad, thoroughly moistened, and held firmly by the patient upon the

abdomen. The current is now turned on until a reading of 5 milliampères is noted. The olive tip will pass through the stricture easily, without pain and without hemorrhage, within from two to five minutes. There is nothing new in these suggestions, except perhaps the calling of attention to, and correlating of well-known therapeutic facts.

M. D. ROBERTS, M. D.

Gelsemium Indicated in Paralysis

I have treated a case of paralysis with excellent results with gelsemium, the indications for this remedy being present. I am now using in conjunction cannabis indica. The nerves are improved, and the general condition with the exception of the tongue, and normal action is restored. I shall report this case fully later on. The patient has been a tobacco fiend.

C. M. JENNEY, M. D.

A Case of Septic Infection

I was recently summoned by a gentleman who the day before had had his toe treated by a chiropodist, who had trimmed a hard corn very close. Either the knife used was not aseptic, or the stocking had produced an infection, as the sore was very angry and inflamed. The inflammation involved the outer side of the foot, and the lymphatics of the leg, were involved, as redness, soreness and pain extended up the outer side of the leg. There were constitutional symptoms and the patient was very much alarmed. It was a clear case of septic infection which promised to be serious in its character, as I could plainly see.

I saturated a piece of soft cotton cloth with a solution of epsom salts, one ounce to the pint of water, the mixture slightly carbolated. This I applied to the diseased part and over the inflamed glands, changing it as often as necessary. Internally, I gave a solution echafolta in water every hour. From the first there was satisfactory improvement and at the expiration of two days the patient was out of the bed and around the house, and there was no further trouble. He re-

marked that epsom salts, as an application, would work better than it would as a physic. I agree with him on that point.

F. S. BLOSS, M. D.

Pruritis

On page 98 of *THE THERAPEUTIST*, Dr. Cleary suggests the use of piper methysticum for the treatment of pruritis. I have had an opportunity to use the remedy in combination with glycerine, in a most persistent case, and as the doctor claims, the results were most magical. I thank you very much for the help your journal gives me in these cases and I hope that others will be benefited as much by the suggestions as I have been.

G. H. GALFORD, M. D.

Pilocarpine for Acute Rheumatism

In strong persons suffering with acute inflammatory rheumatism I have had good results from a daily sweat. Give pilocarpine hypodermically, 1-67 of a grain every half hour until four doses have been given, then place bottles of hot water along both sides of the patient, and continue the pilocarpine at half-hour intervals until the patient perspires freely. Rub dry under the cover.

H. K. SHUMAKER, M. D.

Hypodermic Lobelia in Pneumonia

I was very much impressed by reading an article in the March number of *THE THERAPEUTIST*, page 84, on lobelia inflata. At that time I had a case of pneumonia in a woman aged 47, who contracted the disease while caring for her mother, who died a few days previous to the patient's illness.

At the end of fourteen days the patient was lingering between life and death. I could apparently find no remedy, either homeopathic or among the allopathic drugs, that would loosen and start the exudate which completely filled the right lung. I concluded this was an excellent opportunity to test lobelia. I began with fifteen drops of the specific medicine hypodermically. I gave a dose every six hours, increasing

gradually up to twenty-five drops. In from forty-eight to seventy-two hours, such a change had taken place in the patient, that both the family and myself were greatly encouraged over the condition. The patient is now slowly but surely improving. I have found no unpleasant effects whatever from this use of lobelia.

G. H. GALFORD, M. D.

Crataegus—Macrotys

Some years ago I began the use of crataegus, and employed it freely, long enough to become satisfied that it is a thoroughly reliable and satisfactory remedy. There was one peculiarity, however, that shows itself with me, that I have not noticed other physicians mentioning. It was that when I used more than four-minim doses of a good fluid extract every three hours, it would invariably produce nausea.

Cimicifuga has also been a standard remedy with me, but I have found that from two- to four-minim doses has been all that my patients would tolerate without a feeling of dizziness, or a more or less severe aching in the front part of the head. Other physicians seem to give large doses of this remedy without any unpleasant influence.

N. M. COOK, M. D.

COMMENT.—With cimicifuga I have always had the same experience that Dr. Cook mentions. I have observed as he has that other doctors give from five to twenty minims, but with my patients it invariably produces a bursting headache. I recently gave it in but 3-minim doses, every two hours, to restore the action of the kidneys after a case of puerperal convulsions. Very soon after beginning the medicine the patient described the headache, which was in every way similar to the headache that preceded the convulsions, causing me to fear a return of this calamity; but knowing that headaches from cimicifuga are common, I discontinued that remedy for the sake of the observation, and was pleased by the prompt disappearance of the headache.

Tinea Trichophytina Capitis

This troublesome disorder is infectious. It is due to a vegetable parasite in the scalp, although it may affect any part of the body. In the scalp it destroys the hair follicles, and produces baldness. It appears

in the form of small vesicles, irregularly ring-shaped, with a red surface.

The hairs growing within the diseased area are split and twisted into various shapes. The eruption is very irritable, and when the patient exercises actively, it becomes violently inflamed.

In the treatment of this disease the hair should be cropped close, and the scalp thoroughly cleansed. I paint the surface once a day with a mixture of equal parts of the tincture of iodine and the tincture of the chloride of iron. I advise also that once each day the head be thoroughly washed with carbolic soap, and that a mixture of carbolic acid, one part, and olive oil, forty parts, be thoroughly rubbed into the scalp.

There are certain cases that I have treated by washing the scalp thoroughly with a solution of sulphurous acid, one part, to water twenty parts. This wash may be used frequently and the results in some cases will be very satisfactory.

F. A. PINELES-MONTAGU, M. D.

Pain from Lobelia Injection

A great deal of attention is now being paid to the action of lobelia when administered hypodermically. I am exceedingly glad of this discovery, as it opens a new field for this remedy, and will give us a reliable agent in diphtheria and in a number of other conditions, in which such an agent is greatly needed. If it proves to antidote diphtheria, it will give us an antitoxin at a nominal price.

From the reports I observe that the doctors are giving from fifteen to forty minims of specific lobelia hypodermically, twice a day for a week or more. I would like to ask if they use it in full strength or do they dilute it? I have a habit, foolish, perhaps, of trying a remedy on myself before giving it to the patient. I had a boil and suffered so greatly that I could not sleep. I thought perhaps specific lobelia would quiet the nerves, and give me rest. I used a very small dose hypodermically. The pain produced by the medicine was most intense.

It was as bad as a burn from a stick of phosphorus. If it acts this way in every case, I think it would be impossible to use it.

I have used lobelia in labor, giving as much as one-dram doses by the mouth. I have given one dram in twice as much water, per rectum, for rigid os. I desire to know how to use it hypodermically.

N. M. COOK, M. D.

COMMENT:—Lloyd Bros. have, during the past week, put out a new non-alcoholic Lobelia of the strength of the specific medicine, which theoretically should not produce the least local pain. It is now on trial and will soon be reported upon fully.

For the Results of Dissipation

I have a prescription which I have found of excellent service in the treatment of boys and young men who are inclined to habits of dissipation—who use tobacco freely, or suffer from the effects of masturbation.

The following symptoms are common with these; There is mental enfeeblement, palpitation, with dyspnea, insomnia, but occasionally a voracious appetite. With these I have prescribed the following with the best of results:

R

Specific jacaranda	minims 15
Specific cactus	minims 30
Specific lupuli	drs. 2½
Spirit of anise	dr. 1
Water, q. s.	ozs. 4

Mix. Take 1 dram three times a day, and at bedtime if needed.

This combination tones up the whole system, it clears the brain, brightens the eyes, regulates the appetite, produces refreshing sleep, acts as a direct anaphrodisiac and diminishes the number of seminal emissions.

F. A. PINELES-MONTAGU, M. D.

Hydrobromic acid is a specific in typhoid delirium, and in sleeplessness, especially that which sometimes follows the use of quinine, or quinine and opium, when an acid is not contra-indicated.

LOBELIA INFLATA

(Supplementary)

Further report on lobelia inflata brings to light the following facts:

One Michigan eclectic physician reports the frequent hypodermic use of the specific medicine in infantile eclampsia with excellent results and no consequent nausea nor abscess formation. However, he reports abscess formation "quite often after the non-alcoholic hypodermic lobelia, despite all antiseptic precautions." He further states that in the hands of a brother practitioner the "hypodermic lobelia has produced excessive emesis upon several occasions."

Excellent results were obtained from the specific medicine hypodermically in severe follicular tonsillitis, in diphtheria, and in a case of chronic bronchitis with an acute laryngeal spasm and dyspnea so acute, that it looked as if the patient would at once become asphyxiated; ten drops, given hypodermically and repeated in ten minutes, gave marked permanent relief.

A report verifies the excellency of the remedy in ivy poisoning, locally applied, and in one case of chronic pustular eczema of the back of the hand.

Dr. Waterhouse, of Missouri, in the *Medical Harbinger*, reports two advanced cases of diphtheria in which the hypodermic use was apparently a failure, in one of the cases producing so much irritation of the larynx that it had to be discontinued.

Use eucalyptus and turpentine in an atomizer with which to remove the diphtheritic exudations from the nasal passages.

Remember that belladonna is opposed to blood stasis and is indicated in any acute condition where there is capillary engorgement.

Give phosphate of soda to poorly nourished children, which seem to be threatened with rachitis and continually pass clay colored stools: ten grains four times daily.

A COMPARISON OF HEART REMEDIES AND THEIR ACTION

ACTION	CACTUS	DIGITALIS	STROPHANTHUS	CONVALLARIA	APOCYNUM
ON THE NERVOUS SYSTEM	Is a true nerve tonic, especially to the sympathetic nervous system; acts on the cardiac plexus, materially improves nutrition. Through the inter-cardiac ganglia, it gives actual nourishment to the heart muscle. Raises blood pressure through increase of musculo-motor energy. In febriles, slows the heart, but is never depressing; relieves irritability.	Acts directly on the heart muscle as a stimulant, increasing heart action. Is neither nutritional, nor a tonic; over-doses decrease nutrition; continued too long during heart strain, causes collapse. Changes at once, the character and frequency of the pulse beat. Influence not always uniform. It relieves dyspnea by increasing heart action and overcoming capillary stasis in the lungs.	Does not act upon or through the nervous system. Acts on the heart muscle by irritation of the fibrille by direct contact. Imparts no strength; increases force and raises blood pressure, sometimes excessively. Lessens the number of beats, but increases their strength; overcomes irregularity. Its influence may be immediate. Increases respiratory power; restores normal respiration. In over-doses the respiration is the last disturbed. But little influence on the gastro-intestinal tract; rarely over-doses induce vomiting and diarrhea.	Influence upon the nerve centers not determined; acts through the vagi. Acts permanently but mildly as a cardiac tonic. Increases heart power and raises blood pressure. Increases the size and strength of the pulse, and slows a rapid, feeble pulse. Removes oppression in the chest; causes deep, regular breathing. Overcomes dyspnea from mitral insufficiency. A mild gastric tonic, increasing the appetite and digestion; induces no irritation.	Action on nervous system not marked. It seems to increase nerve force to a degree. A mild heart tonic; increases muscular power permanently. It acts on the walls of the arteries. It raises blood pressure and increases arterial tension. Increases the size, strength and force of the beat; regulates the rhythm, slows a feeble pulse; in fevers accompanied with dropsy. It gives freedom to the breathing when oppressed from effusions. It facilitates the oxidation of the blood. In active doses, it is a violent prostrating emeto-cathartic, inducing extreme hydragric action, and persistent gastro-intestinal irritation.
ON THE PULSE	Increases the size of the pulse beat, and reduces the number, especially when rapid and feeble. It relieves cardiac dyspnea especially if from endocarditis, or from pulmonary congestion, from weak heart.	Is a gastric irritant; does not nauseate nor induce diarrhea. Increases the flow of water actively, in proper doses; renal secretion not greatly improved. Over-doses may cause suppression.	Is an emergency remedy in heart failure, but inferior to digitalis. Indicated where heart lacks contractile power. Acts well in cardiac asthma, atheroma, and fatty degeneration; in goitre; in the weak heart of Bright's; and in functional derangements. Its influence continues long after the agent is stopped.	Is secondarily diuretic, stimulates excretion and secretion to a degree; quite active in dropsy, inducing no depression. Relieves irritable heart action; restores strength to the heart after failure from shock, or protracting disease; used in cardiac dropsy and in functional derangements.	Acts directly, most freely; acts indirectly through influence on the heart. Induces large quantities of limpid urine; solids not greatly increased. Is not an emergency heart remedy, except in failure during extreme dropsy and in hydropericardium. Its influence on the heart is slowly induced; is valuable in progressive heart weakness, especially in protracted fevers. It is a most reliable remedy for dropsy.
ON THE STOMACH AND BOWELS	Exercise a soothing influence on the stomach; relieves palpitation from gastric irritation; induces no gastric nor intestinal disturbance; imparts functional tonicity to all organs. Action not marked only as the heart's action is improved.	Acts at once in shock, and in sudden heart failure, increasing heart action promptly. Used in surgical shock, or shock from injury; in asphyxia and in poisoning; in heart failure from protracting disease, as in the latter stage of pneumonia. Is of great value in selected cases of valvular incompetency.	Acts well with carefully selected tonics; facilitates appropriation of iron, in anemia accompanied with heart weakness.	Nux. vomica, hydrastis, collogenia, and iron increase its influence, as well as the usual gastric tonics in gastric derangements.	Action enhanced by cactus, by ordinary tonics and iron. Strychnine arsenate assaits materially in some cases. For its influence on dropsy it is given usually alone.
ON THE KIDNEYS	Is not so much an emergency remedy, as it requires some time for its action. Used in prolonged or progressive heart weakness; in overstrained heart; in bicyclic and cigarette heart; in masturbators' palpitation; in sexual and general neurasthenia. Acts best in functional derangements.	Action enhanced by strychnine, by glonoin, and occasionally by atropin and brandy. In chronic heart disease, by general tonics.			
THERAPEUTIC USES					
SYNERGISTS	Action improved by tonics which improve nutrition, by general upbuilding remedies, and by avena sativa.				

Ellingwood's Therapist

A monthly journal devoted to the study of the most direct action of drugs upon exact conditions of disease; issued on the 15th of each month.

Edited and published by FINLEY ELLINGWOOD, M. D., 100 State Street, Chicago.

Subscriptions, \$1.00 per year in advance and One Therapeutic Fact, which should be sent with the subscription.

Editorials

THE FORGOTTEN FACT

Doctor, you have been very prompt in remitting the \$1.00 for 1909 subscription. But very few are left who have not ordered in advance, but you have forgotten *The Fact*. I can't take legal action against you to secure *The Fact*, but I don't have to, because every subscriber so far has seemed to feel his personal responsibility in keeping this journal good. *The Fact* is a part of your subscription to this journal. I have pounded that into you until you know that well.

I want one thousand Facts in the next 60 days to classify and arrange in a more systematic order than in the past. If I can get a large number of these together, I shall group them, thus making a short Symposium of Treatment for each disease under consideration. Don't wait. Send your Fact right along, and more than one if you have them.

THE BATTLE IS ON

The battle is on, in the camp of the American Medical Association. The more liberal minded men of the Association have declared "war to the knife" against the clique that dictates the policy of this Association. The most bitter terms and the strongest invective is being used in the expression of the opinions of the belligerents. This great body should possess sufficient authority and dignity to preserve peace within its borders.

In determining the real cause of the disaffection, while many minor influences are at work, I am inclined to believe that the aggressive party is composed of those who are inclined to take a more advanced stand in therapeutics, who refuse longer to be dictated to by the therapeutic mossbacks—by the nihilistic influence of the adherents

of the methods of the long past. It is inconsistent with the spirit of the times, that the past methods should have any conspicuous support. It is consistent with the present spirit of advancement, that the best men in this great Association should take a positive stand against prejudice and in favor of a broader therapeutic knowledge, in favor of the most advanced methods known in the treatment of disease, and that they should endeavor to do everything in their power to spread broadcast a knowledge of these methods. If it is necessary to break away from the dominant influence of the Association let it be done, we say. The gain will more than compensate for the loss.

DEATH OF DR. DuVALL

We regret, indeed, to announce the death of Dr. B. E. DuVall of Dixon, Ill. The doctor died on the 15th of April from hemorrhages following an operation on the kidneys. He was a thoroughly educated successful practitioner, one who had made a great many friends. He was one of our strong young men, having been in practice less than nine years. We extend our sympathy to his wife and friends.

COLD AS A CAUSE OF DISEASE

Somebody has been recently making high scientific experiments as to the influence of cold and chill in producing disease. This certainly seems like a foolish piece of supererogation. The belief of the ancients, the tradition of the oldest inhabitant, determined by actual results and based upon the repeated observations of every generation of man for six thousand years, has proved, beyond any chance of disproof, that undue exposure to cold will cause disease, bacteria to the contrary notwithstanding.

This fact was proven before science began its work. It would be consistent with other advancement if instead of trying to believe that the primary congestion following chill is due to germs, that scientific methods should be used to demonstrate plainly how it is that congestion results from chill.

If we leave the germs out of this consideration and could understand exactly the underlying pathology of a chill, and would base our theories of the causation of diseases which start from chill upon those correctly founded theories, our treatment would be much more rational.

I am out of patience with the theory that an ordinary cold is contagious, and that acute pneumonia depends upon germs. I have seen pulmonary congestion and the initial stages of bronchitis follow so immediately and so directly after rash and foolish exposure to cold, that I have no doubts about my position. Siegel, the noted German author above referred to, after making his scientific experiments, concludes that acute disease of the kidneys and of other organs can be caused by cold alone, and that bacteria need not be taken into consideration. They'll all get back to it, after a while.

THE AFTER-EFFECTS OF ANESTHETICS

There is no measure more important in its place than anesthesia, nor one that has been used so generally, and with both good and evil results. It is rapidly becoming the common belief that the administration of anesthetics should only be conducted by experts; by those who realize the constant danger in every case, of a fatal termination, and who are constantly on the alert for any untoward indications.

No less important than the immediate effects are the more remote results of the action of the agents used on the various organs or structures of the body. These we are very apt to overlook in our anxiety for the immediate restoration of the patient to consciousness in an apparently normal manner, or the preservation of normal conditions during unconsciousness.

The injurious effects of the agents may be exercised upon the kidneys, producing renal congestion, temporary or more permanent, with suppression or with ultimate chronic structural change. Or there may be liver disorder with jaundice, or lung or bronchial irritation that may become serious,

or heart changes of a serious character, or they may permanently influence the structure of the blood. Or glycosuria may follow, or cerebral or mental symptoms may result.

Degenerative cell changes must take place in every case, but the vital forces in most cases produce a sufficient reaction to quickly overcome any mischief, but in every case the closest watch should be kept of the functional action of every organ, immediately after the restoration of the patient to consciousness, and for weeks following, and every deviation from the normal standard must be met promptly and persistently with appropriate treatment, and quickly restored to a normal state. A conservative, expectant course in these cases may be a fatal course, and is in no case justifiable.

The destruction of cell structure and consequent toxemias vary greatly with different individuals, and their extent and influence must be estimated upon and antagonized from the first. These facts are of vital importance and I trust they fully impress the mind of each reader in every case.

PROPHYLACTIC OF UTERINE DISORDERS

In the treatment of uterine displacements, in fact of the most of the chronic diseases of women, unsatisfactory results are the rule. While the promise of cure is held out in many cases, the conditions are treated without confidence. In many cases of displacement, a cure is actually impossible. Surgical operations performed with the hope of cure, result in conditions more unpleasant than the original displacement.

These facts being true, I believe it to be the positive duty of every physician or surgeon to study these conditions with reference to their cause; to study the causes carefully, and to lay out systematic plans with every patient under his observation, to prevent uterine disorders. I believe a system of education of young women and girls can be planned by the profession, that will prevent more than seventy-five percent of the cases that exist.

As I have said in a previous editorial, I believe that the physicians themselves are to blame for a great many of these disorders. I am confident that our method of conducting labor cases, the lack of preparation before, and the carelessness in their observation afterwards, does a great deal towards promoting these conditions.

I urge upon every physician to take into consideration the causes of these diseases and to talk candidly and openly to the mothers and young women of his practice. I believe that a physician could get out a little pamphlet of advice, and furnish it gratuitously to his patients, that would be a source of great profit to him, and much benefit to them.

FEEDING GOUTY PATIENTS

In the treatment of gout and chronic rheumatism, nutrition with food calculated to nourish the patient, without supplying additional uric acid elements, is very essential. Efforts have been made to prove that uric acid is not an essential constituent in the causation of these disorders, but the fact remains. Every particle of the food must be absorbed for nutritional purposes. Food supplied that is not needed for nourishment of the body, nourishes the disease. Large quantities of water must be taken regularly.

SALT AND SUGAR AS A CAUSE OF FEVERS

It has been commonly argued that there are quite a number of causes at work in producing the simple fevers of childhood, especially those depending upon errors within the digestive tract. Finkelstein, writing in a German exchange, narrates a series of investigations to determine the cause of these fevers especially in infants and his opinions vary widely from those usually accepted. He thinks bacteria primarily have nothing to do with it. The two substances that are responsible in nearly every case are sugar or salt; in a few cases, fat. He believes the influence of salt upon the cells interferes with the digestive processes,

and permits abnormal decompositions which disturb the regulation of heat. He believes it is safe to avoid both salt and sugar with children when there is any inclination to febrile disease in the digestive tract.

He thinks that chronic intestinal disorders depend upon these same substances to a great extent, and advises care in their administration. He believes that the bromide, iodide or chloride of sodium will all accomplish that unfavorable result, but is confident that the chloride of sodium is the most to blame.

KEEP THE PATIENT WARM

In the care of the patient after any operation and especially after prolonged operation, where anesthesia was necessary, one very important thing is almost constantly overlooked, and that is the reduction of the temperature of the body. I am confident that many after-symptoms could be avoided if the temperature was sustained. Many patients are operated on nearly nude, when flannel coverings should be applied in full quantity to every portion of the body not involved in the operation. It is the common habit to throw a cotton sheet over the patient, and with no other covering for one or two hours, they are subsequently exposed, until they are put into bed, always with no haste, and often then, the packing of the patient with hot bottles is neglected. Warmth, first, last and all the time, is absolutely essential. All of the anesthetics reduce the temperature, but ether has this influence most markedly. It is exercised in every case. Chloroform is an active stimulant to heat producing when taken by the mouth. And some day some one will give a few half-dram doses before using it as an inhalant, and may discover less depression.

VERATRUM AND DIGITALIS IN ECLAMPSIA

In the study of the existing indications in the treatment of puerperal convulsions, much better results can be accomplished by meeting these indications than by using

any remedy arbitrarily. Veratrum has come to be relied upon, with which to control these convulsions, but there are certain indications, which, if present, make this an absolutely dependable remedy. There are other indications present, in which other remedies will act better. I believe there are still other cases in which veratrum is contraindicated.

It is safe to say that a sthenic pulse, rapid and forceful even if small and sharp or hard with convulsions, demands veratrum. The large, quick, full pulse is seldom found in convulsions. Convulsions with rapid, feeble pulse would seem to contra-indicate veratrum. At least these cases are susceptible to much smaller doses of veratrum.

I recently observed a case in which ten drops of veratrum only was given during a powerful convulsion. The convulsion ceased, and the pulse was slowed somewhat. Within half an hour, in anticipation of another convulsion which threatened, the dose was repeated. Toxic effects of the veratrum were quickly seen. The patient vomited violently, the pulse was reduced in volume and number, and finally disappeared at the wrist, the patient developing the extreme excitement of complete exhaustion. Digitalis and brandy hypodermically quickly overcame these symptoms. The pulse rapidly quickened, and convulsions were again threatened when five drops of veratrum, five drops of digitalis, and ten drops of brandy, were given hypodermically. This seemed to restore the proper balance and restrained the pulse. This was given every hour for several hours with the best of results until the pulse, of good volume and strength, was reduced to sixty beats per minute.

This combination of veratrum and digitalis, I have not seen suggested before, but it appeals to me as calculated to meet a condition in these cases which is more frequent than we are apt to suppose, and if these two remedies be studied together I am confident that we will be enabled to increase the field of their action, and will thus accomplish wider and more satisfactory

results sometimes than with either alone. This is especially true of the use of veratrum in asthenic cases.

It is seldom that we would suggest a powerful stimulant, and a powerful sedative to the heart's action in combination, but in this case the two different conditions in existence, and operating, are of such a character that each remedy acting physiologically has its own indications to meet.

THE APPLICATION OF FORCEPS

I am constantly arguing that there is too much interference in labor cases. In a recent issue of this journal I quoted old Dr. Corson of Pennsylvania, with his three thousand obstetric cases, and not one per cent of forceps deliveries. *The Buffalo Medical Journal* presents an article in February in which the writer reviews the history of forceps deliveries; and his conclusions are that very many of the children so born, are either epileptics or idiots, or present other preventable accidents. He shows by the eminent writers of the world that idiocy, epilepsy and cerebral causes of childhood are due to asphyxia, prolonged compression, or injuries to the head from forceps.

Dr. Rowan, in *The Mississippi Medical Monthly*, lays down what he calls rational indications for the use of the forceps. He says the physician should be thoroughly satisfied that the woman is actually unable to effect the natural expulsion of the child.

In the second place, he should be satisfied with the existence of some condition involving the danger to either mother or child, unless delivery is rapidly accomplished. Those affecting the mother are eclampsia, actual or threatened, inadequately compensated heart lesion, hemorrhage from premature separation of the placenta, acute edema of the lungs, and exhaustion.

Of this last condition the physician must be his own judge. Patients and friends will often insist on exhaustion, when the woman has strength enough to deliver three or four babies. The feebleness of the pulse is the best indication. Regarding the child,

premature separation of the placenta, prolapse of the umbilical cord, undue pressure on the head, and a fetal heart heat below 100 or above 160 are indications.

Among contra-indications he mentions a hydrocephalic head and a decomposing fetus, in which cases the forceps is almost sure to slip and possibly injure the mother; and a perforated head, which can be better managed with a cephalotribe. Before applying the forceps it is well definitely to ascertain that the pelvic canal is not too small, and that there are no serious mechanical obstructions. Forceps should not be applied until the presenting part has become engaged.

A SUGGESTION IN EPILEPSY

An Italian writer has been treating epilepsy in chronic form with the calcium salts, and especially with the hypophosphite of lime, giving from 30 to 45 grains in broken doses during the twenty-four hours. He finds this does away with the tendency to this disease. He is confident that this course is preferable to the persistent use of the bromides. He believes in giving the bromides in certain alternation with the lime salt, probably giving the bromides when the convulsive tendency seems strongest and the hypophosphite at all other times. Theoretically this suggestion would seem to be a good one. The hypophosphite is strongly reconstructive, and this tonic influence can never be other than beneficial.

THE CAUSE OF HEMORRHOIDS

The most recent studies in the pathology of hemorrhoids are convincing in the conclusion that they result from local congestion, that there is a disturbance in the circulation, a necessity for collateral circulation that cannot be met, which induces degeneration in the structure of certain of the vessels. This may also be a cause of the disturbance. A German writer says that bacterial infection is not the cause, though it may occur later. (It is surprising how these Germans influence American

opinion. It has only been a short time since they pronounced positively that bacteria were the cause of every disorder, now they are naming many in which it has no influence.)

By keeping this idea in mind, and especially the fact that compression of the abdominal vessels in pregnancy and hypostasis in men and women who are constantly on their feet, especially those working in the heat at active physical labor, will induce a determination of blood to the pelvis and cause dilatation of these vessels, a simple treatment calculated to relieve this congestion will result in a cure in all early cases, and will greatly modify protracted cases. Surgeons have been frequently consulted for piles that are in every way temporary in their character, and have urged immediate operation, when if the patient had been placed upon his back with hips elevated for a few hours and some mild, cooling, astringent administered or injected within the rectum, the piles would have disappeared.

Such excellent success have I had in treating piles by simple measures and mild methods, that I am convinced of the curability by such measures of all early cases, and of the majority of all cases. Even extreme cases can be benefited most materially by keeping the above theory in mind and unloading the vessels.

SPECIFIC REMEDIES

A remedy that exercises an important influence in diabetes, is phosphorus. It should be given in doses in from 1-100 to 1-50 of a grain, and should be continued for quite a long period. It has been known to cause the sugar to disappear entirely.

If morphine, finely powdered, be blown into the nostrils, with patients who cannot swallow, the pain relieving influence is exercised only a little less quickly than with hypodermic injection.

The good results attributed to the use of hydrochloric acid in typhoid fever are not altogether the supplying of the free acid

of the gastric juice, or the supplying of an acid where acids are deficient, but they are due to the fact that typhoid germs subsist best in an alkaline medium.

Although veratrum is contraindicated in feeble heart and where there are valvular lesions, there are a number of conditions of irritable heart which may be accompanied with simple hypertrophy, or which may be present in aneurism, which are materially benefited by this remedy.

It is claimed that bedsores may be prevented by covering the surface where they threaten to appear, with adhesive plaster, carefully applied. It would seem that the plaster should not be permitted to adhere to the thin and irritable skin, but should be applied on and beyond it, and made to adhere to the well skin on either side.

MACROTYS

The study made of macrotys (*cimicifuga racemosa*) by The Eclectic League for Drug Research, defines its apparent specific field as follows:

1. Myalgia and all painful muscular conditions the result of improper excretion.
2. Nervous conditions the reflex from certain muscular organs.
3. Certain subacute nervous and mental states resulting from a disturbed circulation of the brain.

Most all of the primary disease conditions in which macrotys acts best, apparently arise from a disturbance in the excretion of certain products of metabolism yet to be defined. Acute rheumatic myalgias, the result of "colds;" rheumatic fevers (with the proper sedative for the febrile state); and the uterine muscular pains, apparently all result from the same state of the body fluids.

The secondary reflex nervous diseases may arise from the heart, the uterus or any muscular tissue. The chorea relieved by macrotys seems to be of this type, although the drug apparently also directly affects the central organs, as evidenced by the

dizziness, nausea, palpitation and mental perturbation to which it may give rise.

All reports recommend its use in as large a dosage as can be borne by the patient, ceasing its administration when untoward signs appear.

Its nature is sedative, and Dr. Ellingwood recommends that this be augmented as indicated by gelsemium or scutellaria, or as Dr. Scudder has recommended, by aconite.

Dr. A. W. Smith, Chicago, relates an interesting case of a woman, aged 25 years, suffering from chronic hyperplasia of the uterus, with all its reflex symptoms. After exposure to inclement weather, a severe tonsillitis arose, which the ordinary remedies, in over a week's use, failed to relieve. Noticing the similarity of the symptoms to a case of rheumatism, he administered macrotys, with marked relief and speedy cure. A feature was the sub-normal temperature, following the use of the previous drugs and which macrotys remedied.

In a recent case of tonsillitis in my own practice, macrotys with aconite gave one of the quickest cures I have ever had in this disease.

Other suggestions reported were its use in phthisis pulmonalis, combined with iodine. Also false pains, la grippe and various well known uterine wrongs.

Dr. V. A. Baker, Michigan, suggests its use in the irritable bladders of either sex, and one report mentions it as a sexual tonic to both sexes.

OIL IN TREATMENT OF STOMACH AFFECTIONS

Rütimeyer reviews the history of systematic treatment of stomach affections with oil, and describes his own experience with 100 cases. In some cases of hypersecretion and hyperacidity, with or without neurasthenia, the secretion was reduced when 30 gm. butter or 100 gm. warmed oil was taken fasting in the morning.

In another case of threatening postoperative spasm of the pylorus, with extreme dilatation of the stomach, 100 gm. of oil poured into the stomach each morning, with lavage

of the stomach twice a day promptly cured the spasm. In one case a merchant of 41 presented signs of chronic ulcer and spasm of the pylorus with excessive secretion and intense pains; only partial and transient benefit was obtained during two years of various measures. The old troubles returned at every excessive effort or excitement or dietetic error, and finally an operation was proposed.

A systematic course of oil was instituted as a last resort, with brilliant success. The patient rinsed out his stomach every morning and then took 100 gm. of oil, and in two weeks the pains and spasms had vanished. The man gained rapidly in weight and was soon able to eat any ordinary food.

During the five years since he still occasionally takes a little oil after some gross dietetic error, and it promptly relieves any slight disturbance. The most striking benefit of the oil treatment is in its influence on the subjective disturbances. The oil banishes the pain and restores the earning capacity, even although the objective findings may occasionally persist unmodified.

CARE OF THE STUMP AFTER AMPUTATION

It is very important in the amputation of the leg, that the stump should be devoid of extreme sensitiveness when healed, and capable of bearing weight. There is no doubt that measures can be adopted during and immediately subsequent to the healing process, that will increase the resistance of the tissues involved, overcoming their tenderness, and causing them to be capable of bearing friction and sustaining weight and pressure.

In 1899 Hirsch published his method of preparing stumps for after-service. Two Japanese writers report favorably upon the use of the Hirsch method in the Russian-Japanese war.

In the first place the amputation must be made so that the scar is not directly over the end of the bone. There must be as much tissue as possible in the stump as padding.

The plan of treatment is outlined as follows:

Keep the patient in bed for a time with the limb elevated.

Massage several times a day either dry or with 2-per-cent oil of wintergreen.

Pack in wadding after massage.

Treading exercise five to ten minutes three or four times a day.

Voluntary movements two to four minutes after massage and treading exercise.

Lysol bath every evening.

Exercise in standing several times a day upon a provisional prosthetic appliance whose hollow part is filled with padding.

Exercise in walking with this apparatus.

The authors have treated in this way thirty-eight officers and soldiers who had suffered amputation of one or both lower extremities, the amputations involving all parts of the limbs, with excellent results in all cases.

ANURIA WITH CANCER OF RECTUM

Papin reports a case personally observed and gives the details of four others that have been published in which anuria was a prominent complication of cancer of the rectum.

In the personal case described the anuria was the first sign of trouble. It persisted for five days and was accompanied by rebellious diarrhea and later by vomiting. The bladder and prostate were examined through the rectum, but the cancer involving the rectum and sigmoid flexure was not discovered. As a kidney stone was surmised, nephrotomy was done.

Papin urges examination of the ureters at autopsy in cases of rectal cancer, and remarks that uremia may be responsible for some of the symptoms in the terminal phase of these cancers. Anuria may result from direct compression of the ureters or from reflex action.

In acute spasmodic urethral stricture give three drops of the fluid extract of gelsemium and five drops fluid extract of black cohosh, every hour for a few hours, and the patient will be enabled to urinate freely.

Cleanings

ARTIFICIAL RESPIRATION IN THE NEW-BORN

Morgan points out that the methods of resuscitating new-born infants are by no means free from danger, if indiscriminately or carelessly used. He reports cases. He describes what he considers a very satisfactory method of treating asphyxia in the new-born. After delivery of breech the child should be immediately inverted and held in that position until respiration becomes deep and regular.

If there is any evidence of foreign material in the throat the pharynx should be gently stripped in the direction of the chin, the oropharynx swabbed with gauze or wet cotton, and the contents of the nose squeezed out. Catheterization of the larynx is rarely necessary. A few sharp slaps on the buttocks will usually aid the desired result.

If the condition is more serious, as evidenced by the general cyanosed appearance of the child and by the diminished heart action, which can be most readily ascertained by placing the finger on the cord, it should be separated from the placenta in order that the movements may be less restricted.

The child must be kept warm constantly by immersing in hot water or wrapping in hot towels. While in the tub, Sylvester's method may be resorted to. Removing the child at intervals and sprinkling its body with cold water, powerfully stimulates respiration. Mouth to mouth insufflation may be practised by resting the back of the neck on the edge of the tub and supporting the head with one hand, while pressing on the epigastrium with the other.

Only the first of the expired air is to be used and the nose should not be compressed but left entirely open, in order that there may be free passage for any excess of air injected. Laborde's method may be used by an assistant at this time. The hypodermic

injection of ether, camphor or whisky is beneficial at times.—*The Jour.*

HYDROCHLORIC ACID IN THERAPEUTICS

Fuld reviews the various theories in regard to the secretion of hydrochloric acid and its use in therapeutics, and calls attention to a number of erroneous conceptions in regard to treatment of stomach trouble. Among them is pepsin in an alcoholic medium, as alcohol is a ferment poison.

He presents arguments to show that a small amount of hydrochloric acid before meals answers best the desired therapeutic purpose. The hydrochloric acid is very useful in a large proportion of cases of deficient secretion; those without symptoms do not require any treatment, and the severer cases can not be influenced by hydrochloric acid alone. He gives from five to ten drops of dilute hydrochloric acid several times a day. This small amount has little direct influence on the digestion, but it stimulates by reflex action the entire digestive process and approximates the physiologic antiseptic and antitoxic action, while it stimulates the secretion of pancreatic juice.

In regard to pepsin, he suggests that it might be simpler, cheaper and the results more complete if the pepsin digestion were done before the food is taken. Combination of hydrochloric acid with pepsin or other substances is liable to annul the action of the acid completely. Food for persons with deficient secretion of hydrochloric acid requires more careful preparation or possibly pepsin predigestion.—*Therapeutic Monat.*

ECHAFOLTA AS AN INTRAUTERINE DOUCHE

D. H. EDWARDS, M. D., WASHINGTON, PA.

There is no remedy in the materia medica that deserves more praise as a lifesaver and pain-reliever than does echafolta or *echinacea angustifolium* when administered either locally or internally in properly selected cases.

The principal indications for the use of this drug are animal decomposition within or upon the surface of the body, or, in other

words, sloughing of any part of the body, and blood dyscrasia, the last-named condition being principally secondary, due to the absorption of putrid material and toxins generated during the process of decomposition.

The above conditions always exist to a greater or less degree in typhoid fever, sloughing ulcers of any part of the body, syphilis, and another condition for the treatment of which this paper is principally intended, namely, infection from decomposed portions of the placenta, its membranes or blood-clots following a confinement or miscarriage, particularly the last-named condition, as it is more frequently met with and more liable to become a real pathological condition than the former.

When a miscarriage is brought about by mechanical means, as is usually the case, there is more or less trauma of the cervix uteri, thereby inviting a still better field for septic infection after the stage of decomposition has been reached, if not before.

Nowhere in medical literature have I ever seen *echafolta* advocated as an intrauterine douche in the treatment of septic infection following these cases. The results I have obtained from the use of *echafolta* in this manner have been so gratifying that I cannot refrain from presenting it to the profession; maybe there will be a few who some day may find occasion to try it, and thereby may save the life of some one who might otherwise travel to the far beyond, from whose bourne no traveler ever returns.

The following symptom will always be the indication for the use of *echafolta* in these cases:

Should you be called to see a case several days after confinement or after a miscarriage, upon examination you find the pulse increased in rapidity, temperature increased from 100° to 104° , headache, aching all over, complains of having chills and fever, as she expresses it, a fetid lochia, with sharp colicky pains and gaseous distension of the bowels, you have a straight case of septic infection, due to absorption of septic material or toxemia from decomposition of a

portion of the placenta, membranes or blood-clots, which is gaining admission into the circulation either through a lacerated cervix uteri or directly through the uterine vessels. To order a vaginal douche in such a case, without doing anything more, except possibly leaving a few tablets and encouraging the family that everything will be all right, as I have known physicians to do, and upon the next visit to find the patient lots worse, is not only a waste of time, but a gross negligence, and invites a fatal termination, whereas, if the proper treatment would have been enforced at the proper time the patient would have made an uneventful recovery.

The treatment I am about to describe has comforted my troubled mind, relieved the pain and discomfort of my patients thus afflicted, and gave a mortality of zero.

The first thing to do is to remove the cause. The cause being in the uterus, prepare the patient for a curettement as antiseptically as possible, which, I am sorry to say, is hard to accomplish in some cases, especially in the rural districts; nevertheless, there is one consolation—it is hard to render the uterus more septic than it already is in such a condition—but you should never let this thought entice you from preparing and performing your work antiseptically, as it is always and under all conditions of the utmost importance. It is not necessary here to describe the technique of a simple curettement, as, strictly speaking, this procedure is nothing more than a cleansing or washing out procedure, and is not a curettage. No anesthetic is required in the ordinary case, as the os uteri is dilated sufficiently to admit a curette or an irrigating tube; if not, you can easily dilate sufficiently.

Having boiled your instruments and rendered your patient and yourself as aseptic as possible, proceed by curetting thoroughly but not too forcibly all retained tissue, after which introduce through a glass or other irrigating tube attached to a fountain syringe, which has been previously sterilized, one quart of hot *echafolta* solution (three ounces to one quart of sterile water), of course always allowing it to escape as fast

as it enters the uterine cavity, thereby preventing the increased uterine pressure from forcing any septic material into the Fallopian tubes and thence through the ostium abdominales into the abdominal cavity, thereby inviting a general peritonitis, just what we are trying to avoid.

The uterus having been cleansed thoroughly, it is now packed with a strip of plain sterilized gauze; leave it to remain a few minutes, allowing it to absorb as much of the blood and debris as possible, then remove. Now repack the uterine cavity with a piece of sterile gauze saturated in a solution of echafolta, one-half strength. I usually use about one yard of J. & J. gauze roller bandage, and with a uterine dressing forceps pack the uterine cavity thoroughly (be sure to get the gauze to the fundus), and if any laceration of the cervix exists see that the remainder of the gauze not entering the uterine cavity is packed snugly into and around the laceration; this done, place your patient comfortably in bed and keep her warm.

Now administer internally echafolta, gtts. 20, in a little water every two hours. Upon your next visit, which should not be longer than twelve hours, you will find the patient much improved; remove gauze from uterus and repeat the same treatment if necessary. Usually the first treatment suffices, except in extreme cases, which may require a few more treatments; let this be governed by the general symptoms.

Should there be much pain and distension, hot turpentine stupes applied to the abdomen will afford great relief. Sometimes an ice-bag will answer a good purpose.

A high rectal injection of turpentine, gtts. xx to xxx, sweet oil, ozs. iv., glycerin, ozs. ij, to a quart of soapsuds water will move the bowels and relieve the distension.

Under the above line of treatment, together with what other indicated remedies may be called for, all the cases should recover, unless it be a case that has progressed too far and has gone beyond the reach of medicine.

In the treatment of puerperal peritonitis following these cases the nearer you can apply echafolta to the peritoneum, or at least to the site through which infection gained entrance into the peritoneal cavity, the nearer, in my opinion, are we arriving at the proper treatment, and the results will be just in proportion to the amount of medicine absorbed.

Echafolta placed in the uterus and retained there by gauze saturated with sterile solution, as before described, is readily absorbed, acts as a local antiseptic; it is placed in close proximity to the peritoneum, as well as being applied to the seat of infection.

—*Eclectic Medical Journal*.

ALIMENTARY ALBUMINURIA

Croftan means by alimentary albuminuria, the passage of native food albumin as such, unchanged, from the alimentary tract into the urine. He describes the method of performing the precipitating reaction therefor.

The fact he emphasizes is that one should learn to recognize the existence of a distinct and well-characterized form of albuminuria of rather favorable prognosis that is not due to a nephritis of toxic or infectious origin, to circulatory disturbances in the kidneys, to general cardiorenal disease (Bright's disease in the modern sense), but is due primarily to digestive disorders of a certain type.

We are dealing here with an exclusively enterogenous albuminuria in the interpretation of which the renal idea proper should be largely relegated to the background and in which treatment should not, as in Bright's disease, be directed chiefly against disturbances about the general metabolism and the cardiovascular apparatus, but against a well-characterized perversion of the gastrointestinal and hepatic functions.—*Arch. of Diag.*

PREVENTION OF RETROVERSION OF THE UTERUS AFTER CHILD-BIRTH

Davis says that congenital retroversions and those arising from lack of developments are difficult to correct after childbirth. It is important that labor be so conducted tha

overdistension of the ligaments and fascia, which maintain the uterus in its accustomed position, shall be avoided.

Deep lacerations of the cervix and vagina extending into the fascia should be repaired immediately. Lacerations near the utero-sacral ligaments are especially important. During the first forty-eight hours after labor the uterus should be maintained in position by gauze packing.

During the puerperal period the patient should change her posture frequently, avoiding lying long on the back. Patients should not get up too early after childbirth. After the lochial discharge has ceased, the knee-chest posture, night and morning, will greatly aid in restoring the uterus to its proper position. When there is a disposition to retroversion the patient should wear a pessary as soon as she begins to get up.

Such patients should be kept under observation for several months at least. When the uterus does not assume its normal position and maintain it, intraperitoneal shortening of the round ligament by Gilliam's method should be performed.—*Penn. Med. Jour.*

THE CAUSE OF THE TROUBLE

Drs. Reed, Simmons and McCormack are perhaps the most conspicuous members of the clique now in control of the organization of the American Medical Association, and more than any other three members of the association they are responsible for its political activity. Dr. Simmons has been shown up pretty thoroughly in the medical press, Dr. McCormack has been prosecuted for violating the health laws of his state, and now Dr. Reed, chairman of the Committee on Legislation, has been publicly branded as a liar by the president of the United States.

This is encouraging to those who are familiar with the history of this gang of medical political tricksters, and encourages the hope that it will not be long before the public and the legislatures will find out the characters of other members of the clique; and when that time comes their potentiality

for deception and further imposition will be destroyed.—*Nat. Druggist*, March, 1909.

NOTICE

This office will pay 25 cents each for a few numbers of the May, 1907, or August, 1908, issues of ELLINGWOOD'S THERAPEUTIST.

COLD FEET

In the March number of THE THERAPEUTIST, Dr. Gardner gives what he considers the best treatment for cold feet. In the winter of 1891 and 1892 I was practising in a country town with long drives to make, in northern Minnesota. I was troubled with cold feet. I began by taking a pail of cold water into which I plunged my feet, and held them there for a few minutes until they would ache or begin to burn. I would then dry them thoroughly, and in a few minutes they would become very warm and remain warm. Since then I have occasionally bathed them in hot water first in the bath tub, and then turned on the cold water. I usually now give them one or two cold plunges after the manner above specified each week, especially if they begin to feel a little clammy or cold. The results have been excellent with me.

N. M. Cook, M. D.

WHAT'S IN McCLURE'S

A striking feature of the April number of *McClure's Magazine* is the third of George F. Parker's papers on Grover Cleveland. Mrs. Harris R. Childs writes of the picturesque ivory trade; Rudolph Cronau tells about the wanton waste of our natural resources, and Guglielmo Ferrero contributes a paper on Nero and the Christian persecution. The number also contains another story by Mrs. Humphry Ward and four short stories: "Ourself and a Woman," by Inez G. Thompson; "The Dwellers," by E. Nesbit; "The Waters of Thunder," by Edmund Candler, and "The Brake-Beamer," by Francis Lynde.

Give full doses of the tincture of gelsemium in hysterical paroxysms.

NATIONAL BULLETIN FOR MAY

The time for the annual meeting of the National draws near. It is an important period in the history of Eclecticism. The Allopaths, through the A. M. A., are using every means to eliminate every liberal system of medicine. They move for the annihilation of both college and school, one and all. More than ever do we now need the advice and active co-operation of our best counsellors. We must unite our energies to meet the methods of a mighty organization, determined to crush all outside their fold. Changes in policies and methods of our National Association are necessary to meet changed and changing conditions. We must meet the issues, bury dissensions if any arise, and with a house in order face the future.

There are 7,000 Eclectics, over 2,300 of whom belong to the various State societies. *Every one* of these should belong to the *National*, for the good of our cause, and for their own professional life and standing.

Every State society meeting in May should put itself on record for the new per capita tax of the National. Vote for the movement. For only *Two Dollars* per year, in addition to the State dues, each member will become a member of the National.

Then go to Chicago, June 15-18, and help those who are working for the preservation of American medicine and medical liberty. If you have not promised a paper to any Section of the National, send us the title of a volunteer article, on some subject of interest, for publication in the program to be published about May 15. This will be mailed to every Eclectic in the United States.

Do what you can, and do it *now*.

Address,

JOHN K. SCUDDER, M. D., *President*.

WM. P. BEST, M. D., *Secretary*.

The annual meeting of the Kansas Eclectic Medical Society will be held in the hall of the I. O. O. F. in Kansas City, Kansas, on the 10th of June. Dr. C. I. Welsh, of Clifton, is the president; Dr. F. B. Hatfield, of Olathe, is the secretary. It is urged that the entire membership be present.

MICHIGAN STATE ECLECTIC MEDICAL SOCIETY

The next meeting of the Michigan State Eclectic Medical Society will meet in Adrian, on the 2nd and 3rd of June. An urgent invitation is extended to the profession in Michigan to attend this important session, as matters of special business will come before the session, and matters of general interest.

SOUTH DAKOTA MEDICAL SOCIETIES

There will be a joint meeting of the South Dakota Homeopathic physicians and Eclectic physicians on June 29 and 30, at Madison, S. D. One half each, of the day's session will be devoted to a special medical and surgical clinic. A general invitation is issued to all physicians interested to attend and participate in this meeting.

LOCATIONS

Since the recent death of my husband, Dr. DuVall, which occurred April 15, 1909, I desire to sell all his office fixtures. This is a good location for a good Eclectic. Dixon, Ill., is 98 miles west of Chicago, a town of 12,000. Call on or write me for prices and terms.

MRS. B. E. DUVALL.

206 1st St., Dixon, Ill.

Dr. A. D. Howell, Bronson, Kansas, would like to sell his office and furniture. He has a practice that can easily be sustained, he claims, at \$3,000 per year, and he offers his office and fixtures for so reasonable a sum that it makes the deal a real bargain. Write the doctor direct.

There is an excellent opportunity for an Eclectic physician at Racine, Wisconsin. One that can speak the Scandinavian language would be preferable. There is an excellent opportunity also for an Ear and Eye specialist. There is nothing to buy. These locations are open to competent parties for immediate occupancy. Write to Dr. F. L. Fancher, Racine, Wis.

Ellingwood's Therapist

A MONTHLY JOURNAL OF DIRECT THERAPEUTICS

VOL. III

JUNE 15, 1909

No. 6

Leading Articles

DRUGLESS HEALING VERSUS MEDICINE

ELI G. JONES, M. D., BURLINGTON, NEW JERSEY.

In this article the author shows that there is an increasingly popular tendency to patronize methods that do without the use of medicines or the advice of a physician in disease. He further shows that the profession is to blame for this largely, and that the condition can be met by a united effort on the part of the profession, in exact drug study.

I am confident that the profession does not fully realize the rapid growth of drugless healing in this country, and in order to attract attention to this important matter, and to show its influence upon the practice of the medical profession I have been to considerable time, labor and expense to get at the real facts; to obtain reliable statistics that can be depended upon to show the conditions as they actually exist. In every instance I have gone to headquarters, to those men who are the most competent to give me the information I have asked for, and in many cases I have obtained statements from three or four different men concerning the same form of drugless healing, and from the knowledge so obtained I have formed a general average.

The mother church of Christian science in Boston has 40,000 members, with 900 churches and societies in America.

	PRACTITIONERS	PATIENTS
Christian science	55,000	4,000,000
Magnetic healing	10,000	3,000,000
Mental science	2,000	2,000,000
Osteopathy	5,000	3,000,000
Naturopath	2,000	3,000,000
Physical culture	2,000	1,000,000

Chiropractic	500	287,500
Faith healing	100	150,000
Food scientists	100	200,000
Emmanuel healing	100	100,000

After deducting the illiterate and those who cannot speak or read the English language, we find that from the remaining population of 70,000,000 people in the United States there are now 17,600,000 who employ some form of drugless healing instead of consulting a practitioner of medicine. Nearly one-third of all the families of the United States are at present patronizing some form of drugless healing. I estimate that at the present rate of increase of population in 1920 there should be 88,000,000 people in the United States, and with the corresponding increase at the rate drugless healing has increased in the past ten years, there would be at that time not less than 55,000,000 of the population committed to this form of healing.

At the present rate of increase of doctors of medicine there will be in 1920 in our country 160,000 doctors, whose patronage must necessarily be divided up among the remaining 33,000,000 people, provided the

present sentiment prevails and there are no radical changes in conditions.

In giving thoughtful consideration to the relationship between drugless healing and the medical profession, I am convinced that the course the profession has adopted in the past to those outside of the regular ranks of the profession and especially to these healers, if continued by the profession will hasten its own downfall. We of the profession should certainly learn a lesson from the past.

Going back one hundred years, we had what was then called the new school of physicians. To suppress these the profession first tried ridicule, then persecution, then prosecution through the means of medical laws which they had had enacted, to legislate this school of physicians out of existence. This brought them conspicuously before the public and helped them to increase much faster, until at the present time there are 30,000 physicians of the Eclectic, Homeopathic and Physio-Medical (Botanic) schools, who are patronized by at least 17,000,000 of the population of the United States.

I believe that in order to combat successfully the growth and development of drugless healing we must change our tactics entirely. We must adopt an entirely different course. It is an old law in military science that we should never expose our weak points to the enemy. That is precisely what the medical profession has done repeatedly for the past century, and is doing today.

In the public press, in lectures, in textbooks, in medical journals, the most prominent physicians have made statements declaring their entire lack of confidence in the power of drugs to heal the sick, declaring that medicine has no influence in the cure of certain diseases, and continually declaring certain other diseases to be incurable. These statements have made an immense impression upon the minds of the people. They have been just so much ammunition furnished to the enemy with which to accomplish our downfall.

By sticking to old theories, old ideas and old remedies, we have showed a lack of progress. Thus it is that many diseases are not being cured by the physicians, and, as the following table will show, the mortality is increasing, instead of decreasing, as it should. We have thus exposed another weak point to the people and to the drugless healers.

The following will show the number of deaths from the diseases named in 1890 to 1900:

	1890	1900
Consumption	102,199	111,059
Pneumonia	76,496	105,971
Heart disease	44,959	69,315
Disease of kidneys	19,457	36,724
Typhoid fever	27,058	35,379
Cancer	18,536	29,475
Apoplexy	14,999	26,901
Inflammation of the brain and meningitis	17,775	25,664
Paralysis	16,570	23,865

Influenza, diseases of the stomach, measles, diseases of the liver, peritonitis, scarlet fever, septicemias, diabetes, rheumatism and cerebro-spinal fever also show an increase in mortality. Of deaths from appendicitis there were 5,111 in 1900. It is a fact, and one not pleasant to contemplate, that most of the above diseases claim to be cured by the drugless healers, while we as a profession have loudly protested that some of these are incurable by medicine.

We have exposed another weak point in neglecting the study and treatment of chronic diseases. Patients have gone the rounds of the doctors to get relief, but as they could not find it, they have drifted into the hands of the drugless healers. Within the past century our people, from excessive indulgence, especially in tea, coffee, and other stimulants, have become a nervous, hysterical people. Insanity and nervous diseases are rapidly on the increase. These nervous patients consult the physician, and because the doctor does not understand how to treat such cases, many of them drift into the hands of the drugless healers, and there they find some one who can minister to a "mind and nerves diseased."

Another weak point that we have exposed is the mania for surgical operation. In every case where the surgeon can possibly find an excuse to cut, an operation is done. As the years have passed, less and less time has been given in all colleges to the study of *materia medica*, therapeutics and practice, until now about fifty per cent of the total time is given to the study of surgery or some of its branches. It would seem from this that it is considered of more importance to know how to operate upon a person, than to know how to apply the medicines that will cure him.

We have raised the standard of medical education; we have lengthened the course of study in medical colleges. The teaching has become more and more technical and scientific, until a point has been reached where the doctor is graduated, loaded down with technical knowledge, and yet lacking in that real, practical knowledge which is essential to the healing of the sick.

We have had medical laws enacted again and again that have proved to be a boomerang to the profession. Physicians are now so well protected that it is impossible for one to move from one state to another in many cases; experience, reputation, age, gray hairs are not considered. One's diploma often does not count for anything. It remains for an examining board to say whether or not the doctor shall be allowed to practice his profession.

All these things give the public at large an opportunity to laugh at us for being caught in our own traps, and while we have caused ourselves to be so well protected by laws, the people have been learning how to be cured without the assistance of the physician and his medicine.

It seems to me that it is becoming a very serious question as to how this tide is to be stemmed. It seems to me that the future of the profession will depend to a great extent upon how we meet the present issue. I believe it to be a critical time with us, and one we cannot afford to overlook, and one in which we cannot afford to make blunders.

I believe that it is simply a case of "united we stand, divided we fall." Our first move should be toward effectual organization. A strong effort has been made to gather all physicians into the one great school, dropping all pathies and isms. Such a thing I believe to be impossible. Each school of medicine has its history, its teachings, its ancient land marks, its traditions, and its results. These schools should stop quarreling among themselves. There should be a perfect co-operation of effort, and in every locality all physicians should unite harmoniously for the common good.

Another essential is that *we restore the confidence of the people* in the profession; that we satisfy them that the physician is able to treat any disease, and at the present advanced stage of our knowledge, that *we are able to cure disease*, and that we have perfect confidence in our own medicine and measures. If we cannot accomplish these two things I am inclined to think our chances for the future are not great. I am confident that too much valuable time has been spent in experimenting on serums, on rats, mice, guinea pigs and rabbits, while the profession should have been studying the definite action of our remedies on the human body, both in health and in disease. While this has been done, Eclectic physicians and homeopaths have been building up a system of definite therapeutics by testing thoroughly the action of individual remedies on the human system, by observing their action in health, and at the bedside of the sick.

I have come to believe that this method, adopted by these physicians, is the platform upon which all physicians who use medicines must unite and that which will save them from criticism and the one upon which they can present a solid front before the world. I would express my platform as follows, and I wish every reader would consider it carefully and give me an honest expression concerning it.

"Whereas: We believe it to be the business of a physician to heal the sick,

"Therefore, we hold the following propositions to be self evident:

"First, That it is the duty of the physician to use every means in his power to cure his patients.

"Second, That a therapeutic fact is of value, no matter from what source it may come.

"Third, That we are opposed to useless surgery, believing it to be the duty of the physician to give his patients the best medical treatment that skill and experience can give them, and to only use surgery where plainly indicated or as a last resort.

"Fourth, That we honor the college from which we graduated and have perfect confidence in the ability of its faculty to judge of our qualifications to practice medicine. Therefore we insist upon our diploma being the authority for us to practice our profession anywhere under the American flag.

"Fifth, We welcome to our ranks any respectable physician, without regard to what his system of therapeutics may be.

"Seventh, We claim the constitutional right of every American citizen to use any remedies that may help us to heal the sick. We are opposed to any man or any society of men dictating to us as to what remedies we shall use or what medical journals we shall read.

"Eighth, We are aware of the fact that much harm has been done our profession in underestimating the study of the materia medica, and in teaching the uncertainty of remedies, thus making medical nihilists of so many of our physicians. Therefore we earnestly advocate the diligent study of the action of our remedies in health and sickness, that we may all the sooner form a definite system of exact therapeutics, containing remedies that do have a positive and exact remedial action upon certain diseased conditions."

I honestly believe that the great majority of our doctors love their profession and are anxious to heal the sick and to do all they can for suffering humanity. That being the case, it would seem to me that every intelligent, broad-minded, whole-souled phy-

sician can honestly endorse the above platform with all his heart and soul. Under this standard we shall certainly win, divided we shall go down to defeat. Let us not deceive ourselves as to the strength and influence of drugless healing. Vast sums of money have been spent to educate the people how to be cured without medicine. Many books, pamphlets, circulars, magazines and newspapers are being published and distributed all over the country. They are fully organized, every move made by our profession is carefully watched by them. Every death from useless surgery, every death from antitoxin, every death from vaccination, every blunder made by mistaken diagnosis or treatment, every word uttered by a physician that can possibly be construed as lacking faith in medicine, is all recorded. The book is being opened and the profession is being judged "out of the things written in the book." You may rest assured that the people will give you all the laws you ask for, for your protection, they know that by so doing they are only giving you more rope with which to hang yourselves.

Dating from the time the first medical law was enacted, drugless healing has been growing by leaps and bounds in this country. In loudly proclaiming the importance of what we are doing to prevent disease, let us not forget to inform the public that we can also *cure* it. What would you think of firemen called to a burning building, telling the owner that they did not know how to put out the fire, but they would try to prevent any other buildings getting -fire? What are firemen for, if not to put out fire? What are doctors for, if not to heal the sick? From now on, if we want to retain the respect and confidence of the public, we must play fair and be honest with them. We profess to be able to heal the sick, and we have simply got to "make good," or see the drugless healers grow and fatten on our failures.

COMMENT.—Coming as it does from a physician of the Regular school, this article is an exceedingly interesting one. I am not inclined to take such a pessimistic view of the situation as the author

takes. He states some very important facts, but drugless healing conducted by non-professionals is now a conspicuous and popular fad, and such fads have never yet been of stable and permanent character. Many of the drugless methods named above have some virtue and each of these the scientific therapeutic teacher of the future will assign to its exact place to be used by the qualified physician in those cases in which it is correctly indicated, as he would a drug of which he has obtained a perfect knowledge. The doctor states clearly the causes that have led the people to take up with fads and these are certainly of no credit to the profession.

He makes some very wise suggestions in presenting his ideas of how the evil can be corrected. It simply includes the adoption in toto of the method our physicians have taught and the principles they have followed for nearly a century and for all of which *THE THERAPEUTIST* positively stands. It should be a cause of encouragement to the doctor that for ten years a large part of the practical working portion of the total profession has been approaching the position he outlines, until today there are at least 30,000 physicians in the Regular school who are as liberal minded as he claims they should be, and are nearly if not quite as strong advocates of his liberal principles, and so rapidly is this number increasing that within ten years more it will include at least 85 per cent of the total profession of the United States. I expect to live to see that time and shall do all in my power to speed the day.

The flights of the human mind are not from enjoyment to enjoyment, but from hope to hope.

—Johnson.

THE EVOLUTION OF THE DRUG

WILLIAM F. WAUGH, M. D., CHICAGO, ILLINOIS

Since men first chewed the leaves, root, bark or wood of plants, and found certain results follow, there has been a steady effort to ascertain what virtues each plant possesses, and how we may best utilize these virtues. We learned early what parts of the plant possessed in highest degree its remedial powers, and later what solvents best extracted these virtues. Chemistry came to our aid, and by it we separated the various substances that make up the anatomy of a plant. Some of these proved to exercise no special action on the animal functions, and these we threw aside as "inert." Others exerted an undesirable and injurious influence, such as the astringents, which interfere with digestion, delay or prevent the absorption of the true remedial principles, render the medicine needlessly unpleasant

and nauseating, and sometimes limit the possible dosage of the true remedial elements to an ineffective quantity.

So generally objectionable is tannic acid that Merck pronounces it incompatible with antimony, copper, iron, lead, mercury, silver, iodine, iodoform, permanganates, chlorates and other oxidizers, sweet spirit of niter, lime water, albumin, gelatin, starch, and all the alkaloids. An apt illustration of its power of limiting dosage is shown in the case of arbutin: This valuable glucoside has been found as an ingredient of a number of plants, each of which has proved useful in affections of the urinary passages, especially the bladder. But in these plants tannic acid also exists, in the proportion of 35 grains to one grain of arbutin. As the maximum dose of tannic acid is ten grains (Merck), this limits the possible dose of arbutin in the crude plant preparations to 2-7 of a grain. But in France the most brilliant results have followed the treatment of old gonorrheal cystitis by arbutin in doses up to 50 grains a day. This would require 1750 grains of tannic acid—nearly a quarter pound—a dose that would kill the hugest elephant that awaits the Roosevelt rifle in Africa's jungles.

Pharmaceutic progress has eliminated these useless and injurious parts of the plant, until we have come down to a group of active principles, so called because they each and collectively exert upon the bodily functions that influence that constitutes the remedial action of the plant. But here we meet a difficulty: Plants do not elaborate these alkaloids, glucosides, acids, resinoids and neutral principles for our use, but for their own. The plant-needs and the plant's synthetic chemistry vary under varying influences of soil, climate, heat, moisture, sun and shade, and in consequence the production of the active principles varies as to nature, quantity and relative proportions; and the remedial powers of preparations from the plants show corresponding variations. For it must be remembered that few plants develop a single active principle. Nearly all contain several; opium is known to contain

26, cinchona 30, and a pretty garden plant, the greater celandine, is said to contain no less than 17.

In some instances, as with cinchona and ipecacuanha, of these various active principles each exerts an action more or less analogous, so that any one of them may be taken as affording the remedial powers of the parent plant, with certain differences which the future practitioner will utilize in applying them to corresponding variations presented by patients. But in many cases there is a decided antagonism among these alkaloidal families. As diphtheria develops a toxin and an antitoxin, so hyoscyamus develops a hypnotic and an antihypnotic, jaborandi a diaphoretic and an antidia-phoretic group, opium and gelsemium each a stimulant and a sedative group.

Since the action of a plant is the sum, or the difference of the action of its active principles, and these are developed in varying proportions, it follows that the plant-action varies with every individual plant, and with each sample of the preparation made from the plant. This has led us to advocate the extraction of these active principles separately, and their use as remedies in a state of chemical purity.

But all plants can not be thus treated. Take cactus, for example: The chemists have been unable to isolate any definite active principle from cactus. Obscure traces have been reported of alkaloids and glucosides, but the best we can do with this plant is to exclude all worthless matter and present a preparation containing whatever active principles it may contain, in a concentration. While this may and probably does vary in composition and activity, we can only seek to reduce this variability as much as possible by securing the supply from one source, collecting the plants from one locality, at the same season, under similar conditions, and subjecting them to identical chemical manipulation.

As a contrast we will place hydrastis: This plant is known to contain quite a number of alkaloids, of which three have been extracted and studied separately. The yel-

low alkaloid, berberine, has been found to be a specific in restoring the contractility of relaxed connective tissue. Berberine is one of the most widely diffused of the vegetable alkaloids, being found in many plants of different families. It is evident, therefore, that the specific virtues for which hydrastis was prized by such close clinical observers as King and Scudder, could not be attributed to berberine. Hydrastis also contains canadine, which has scarcely received study, but is said to act like morphine.

Our studies of hydrastine show that it slows the pulse, increases vascular pressure by contracting the terminal arterioles, and checks excessive secretion of the mucous membranes, as well as the loss of albumin in desquamative nephritis. Its vascular contractile action has been shown in hemoptysis, where Marini pronounced it the best hemostatic, and in the hemorrhage accompanying uterine fibromas. It has proved effective in night-sweats, and is looked upon as a specific for abnormal discharges occurring from relaxation. Wherever the indications for its employment are presented, we administer it with confidence, knowing exactly the effects we will get from it.

The great chemist, Lloyd, in seeking to prepare a hydrastis that supplied most nearly the remedial action characteristic of the plant, excluded the yellow alkaloids and presented a colorless solution of the remaining active principles. Of these hydrastine has alone received study, the others being only known as existing in quite small proportions. While Lloyd attributes to these much of the specific virtues of hydrastis, even threatening to exclude hydrastine from the preparation, he has not done so; and other observers agree pretty generally in attributing to hydrastine those qualities that distinguish hydrastis from all other plant-remedies. If, however, it is the other as yet plant undifferentiated alkaloids to which the owes its peculiar remedial qualities, we ask the chemists to let us have these alkaloids, in such shape that we may study them scientifically and dose them with that precision de-

manded by intelligent, wide-awake therapeutics.

As a still more pronounced type of the advantages accruing from the separate use of the active principles, we will take jaborandi: This plant develops under certain conditions two groups of alkaloids, one of which has the power of stimulating the secretion of milk of the nursing mother, of causing the most profuse diaphoresis known to result from any drug remedy, and of increasing the flow of saliva and other secretions. These effects are due to pilocarpine and probably two other alkaloids, which under certain conditions are developed in the plant to a dominant extent. But under other conditions, as yet unknown, the plant develops little of these alkaloids, but a surplus of the other group, at the head of which stands jaborine. The action of jaborine is precisely the reverse of that of pilocarpine, in every respect; consequently while we may give plant preparations of jaborandi with the expectation of causing sweating, the increase of milk and so on, instead of doing this it may do exactly the opposite. We therefore extract the pilocarpine and give it alone, because we *know* it will do exactly what we expect, nothing more, nothing else. But instead of throwing away the rest of the plant, we should extract the jaborine and the other four alkaloids, test them carefully and lay them away for use when indicated.

Here I come to a point I believe has never been touched upon by any of our pharmaceutical writers: that of the waste incurred in the ordinary preparations. We use opium for the effects of morphine, throwing away the other twenty-five alkaloids. Why should we not save them, and use them when indicated? If we take a plant like belladonna and find that the leaves contain more of the active principle than any other part of the plant, our pharmacopœia directs us to use the leaves; the rest of the plant is thrown away. Yet the rest of the plant may contain nine-tenths of the valuable alkaloids developed by this plant, which are entirely wasted under the old system. Is it not better to use the entire plant, or all parts of

it which contain the active principle, and extract all of its values? In two directions, therefore, economy points to the use of active principles.

Referring again to our study of opium: While morphine is the principal active agent and the one on which we rely for the relief of pain and to secure sleep, we find that in so far as sedation of the pneumogastric nerve is concerned, relieving abdominal pain and quieting cough, codeine is superior to morphine. The third hypnotic alkaloid, narcotine, is as yet insufficiently studied; but is believed to possess properties which distinguish it from both the others. At the other end of the list we find a group represented by thebaine, whose action resembles to a certain extent that of strychnine. The medicine of the future will not be satisfied with such statements, however, but will demand in addition to know in what respect it differs from strychnine. I have made a few experiments with this alkaloid, one in particular impressing me: This was a case of hemiplegia of long standing. The patient had used strychnine, pushing it to full doses, until he no longer obtained any remedial effects from it. I suggested the use of thebaine, which was substituted, and immediate and marked benefit resulted, showing that after strychnine had exhausted its power for good, thebaine could take up the work and carry it still further. Who can tell what further values would be disclosed, were the other remedies of this valuable group studied? We find midway between these two groups in opium, narcotine which has been shown to be equal if not superior to quinine as a remedy for intermittents. A modification of narcotine is now known as stypticine, and has proved a hemostatic of value little, if any, inferior to hydrastinine. Of the other remedies contained in opium, we have little information, too little to utilize them in our practice. But who knows what treasures we are carelessly throwing aside?

The time has gone when we are satisfied with general results, with approximations, guesses, hazardous chance shooting of doubt-

ful remedies at a doubtfully distinguished mark; with uncertainties, in fact.

In this word—uncertainty—we put our finger on the source of all the troubles, the therapeutic nihilism, the paralyzing pessimism, the wide-open door for quackery, and the crazy rush to any and every therapeutic measure but drugs, that sum the results of the labors of the dominant school in clinical therapeutics. To know uncertainly the effects that may or may not follow the administration of a remedy, is to compel cautious, timid, experimental administration, ready to run at the first sign of danger. How any intelligent man can expect such therapeutics to be effective is beyond my comprehension.

To know exactly what your drugs will do, will always do, means that, having read your case, noted the deranged functions that most need regulation, and knowing what remedies will restore those functions to normal balance, you administer exactly the right remedies, in exactly the right doses to restore physiologic equilibrium—and you have exactly the satisfaction the schoolboy feels when he gets the right answer to the examples he has worked out.

It is impossible for me to enumerate here the far-reaching and momentous results of this one first step toward the ideal in therapeutics. Only personal experience enables any man to realize its significance. The close study of disease as presented in the living patient, the research into physiology and pathology necessitating that the departure from normal function may be understood, the study of medicinal powers that the remedy exactly fitting the need may be selected, the power to strike hard and straight, at exactly the point where it will be effective, in the inception of disease, before anatomic lesions have been inflicted necessitating the slow processes of repair, give a new turn to our duties—and completely alter the character of the doctor. Knowledge and power give decision to his counsels and certainty to his acts—and the patients realize this before the doctor does. His place in their confidence is secured, he

is valued higher as he becomes more valuable; and again we realize the divine truth of the story of Solomon's choice, for with wisdom all other desirable things are added.

COMMENT.—The argument that Dr. Waugh makes in favor of using single alkaloids of a plant because of the fact that the plant contains so many active principles, does not in the least militate against the using of the whole-plant drug, as in any case, certain, exact effects are to be obtained. I have persistently argued that an alkaloid must be studied carefully and persistently, with reference to its own individual action. This is precisely the manner in which we study the total-plant drug. The very statement used above is a statement of one of the conspicuous facts that gives our remedies the name of *specific medicinas*; that the constituents of the plant vary under the varying influence of soil, climate, heat, moisture, sun and shade, and that these plants elaborate their remedial powers differently, under different circumstances.

All these facts are considered in the selection of the plant, and in the character and quantity of the ordinary menstruum employed, and are so prepared as the writer says that we obtain the sum, the total sum of the remedial action of the plant, or we obtain the excess, or the difference between the activity of its active principles. We thus obtain a full remedial effect, which is based upon the combined influence of its active constituents, and which is different entirely from anything obtained from any one of its active principles.

It will thus be seen that it is impossible for the total-plant drug to be correctly represented by the most active or any other alkaloid of that drug, and, as above stated, to know the active total-plant drug, or to know the alkaloid in its total specific action, they must each be carefully and persistently studied alone, each as individual remedies. This paper of Professor Waugh's is a very important one, and I trust it will be studied by every reader carefully and thoughtfully.

EXOPHTHALMIC GOITRE

FINLEY ELLINGWOOD, M. D., CHICAGO, ILL.

I am impelled by the unsatisfactory results which commonly follow the treatment of this grave disorder, to present here a somewhat comprehensive consideration of this disease which has become altogether too common, and which is so often fatal. Furthermore, the surgical treatment of this condition for which so much at one time was expected, is proving by no means satisfactory, and this demands that every effort must be made to determine a safe and reliable method of cure with remedial agents. It is to present the very latest suggestions

in the treatment of this disorder, that I prepare this article.

This disease, known as Basedow's disease or Graves' disease, is characterized by some enlargement of the thyroid gland, although entirely different in development of the enlargement from the ordinary goitre. Quite early in its development the eyeballs are observed to protrude from their sockets, and tachycardia occurs. Serious involvement of the nervous system quickly follows, with tremors.

This condition is in every way a distinct and separate disease from ordinary goitre. In fact the conditions that exist in the two cases are the opposite of each other. In this disorder there is an over-activity of the functioning of the gland—an excessive action—while in simple goitre there is a deficiency in action to complete suspension of function. It will thus be seen that remedies that will inhibit the action of the gland would be indicated in this case, and contraindicated in simple goitre.

In from six to nine cases this disorder will be found to be present in women, where one case will occur in men. It occurs most frequently between the ages of 16 and 35, although in rare cases it has appeared in children. With men, it will occur later in life than with women, but is seldom if ever found in advanced age. While it is due to abnormal or excessive action of the thyroid gland, it seems also to depend upon a disorder of the sympathetic nervous system.

It occurs in young women who are very sensitive and inclined to be slightly neurotic, who have much responsibility, anxiety, and worry, and at the same time whose labor requires severe mental action or mental concentration. It may also follow serious menstrual irregularities, early pregnancies or sexual excesses, and it may occur during the early convalescence of severe and protracted disease. It may also follow a case of simple goitre. There is some argument for the statement that the condition is hereditary. It seems to be the antithesis of that which occurs in myxedema and cretinism. The secretion from the thyroid

gland seems to be diffused throughout the system in excessive quantity from an undue activity of the thyroid, as stated.

Symptomatology.—The early symptoms differ materially in the different cases. There are a very few cases recorded in which the evidences assumed an acute form. There are pronounced nervous symptoms, apparent agitation of the nerves, tremors and excitability with rapid heart action, palpitation, sighing or difficult respiration and vomiting and purging, and the protrusion of the eyeballs increases rapidly. Most commonly, however, the onset of the disease is slow and gradual, the early symptoms are the irregularity or the rapidity of the heart's action, the nervous excitement or tremors, and a very gradual increase in the protrusion of the eyeballs.

In still other cases the exophthalmos is the first symptom. This may increase rapidly until it becomes extreme and constantly attracts attention. It may be impossible to close the lids over the balls. Van Graefe designates this inability when the eyes were directed downward as a characteristic sign; Stelwagon pointed to the widening of the palpebral fissure, with retraction of the lids, showing the sclerotic coats above and below the irises. In this case, winking is materially interfered with.

The vision is seldom impaired. The condition of the nervous system is a conspicuous factor. The patient is depressed and inclined to despondency; there is general nervous weakness and functional disorder. Insomnia is a common complication. The patient may have an irritating cough, and occasionally difficult breathing becomes a serious complication. This is not apt to be present unless there is considerable enlargement of the thyroid. There is a tremor in the muscular system which is more perceptible in the fingers. Usually it is fine but in rare cases it becomes coarse and conspicuous. It may be observed when the patient is holding the hand out with the palm turned upward. Diarrhea occasionally occurs, and loss of appetite with indigestion is a common symptom. In serious cases

obstinate vomiting occurs from sympathetic causes, and this must be looked upon with apprehension. The nervous irritation may finally become very great, so that the patient starts or trembles with every noise, and magnifies every cause of irritation to an extreme point. There is a gradual general failure with loss of flesh and increasing debility.

While the name of this disease suggests the enlargement of the thyroid as a conspicuous factor, this may be entirely absent at first, and only slowly develop, at no time becoming very great. There is an increase in the vascularity of the organ, and undue activity of its secreting function which fluctuates somewhat, and varies quite perceptibly in size at different times. This is due to the circulatory derangement in the gland. It does not become hard, as in some cases of goitre.

If the fingers be pressed gently against the gland, a distinct thrill will be felt, and occasionally a regular pulsation will be observed. These patients may sweat profusely, and are sometimes subject to a discoloration of the skin, a pronounced pigmentation which is usually plainly apparent in the face. There is pruritis, urticaria and occasionally edema.

DIAGNOSIS.—The exophthalmos and nervous tremors accompanied with tachycardia are pathognomonic of this disease. The diagnosis is confirmed by enlargement of the thyroid and the constitutional symptoms named. An early mistake in diagnosis can be made by the fact that the exophthalmos and thyroid enlargement may be delayed for quite a little time after the nervous and heart symptoms are apparent.

PROGNOSIS.—Occasionally one of these cases will make a complete cure; more often the conspicuous symptoms will abate and the condition become more or less permanent for perhaps months or even a year or more, until a marked relapse will appear. In other cases the treatment will materially reduce the symptoms and result in a gradual abatement of all the phenomena, until the patient is restored to a condition of health,

which, while not satisfactory, will be more or less permanent, the patient continuing in this condition for years, with perhaps no return of the conspicuous symptoms. The sudden occurrence of tachycardia with vomiting, diarrhea and prostration, is evidence of serious advancement of the condition.

TREATMENT.—These patients should be subjected to enforced rest for a prolonged period. The nervous irritation should be controlled, and everything should be done to promote mental quietude—a lack of anxiety and excitability. The climate exercises a conspicuous influence. A moderate elevation, a dry atmosphere, and a uniform temperature are very desirable requisites. The food should be palatable, nutritious, and its ready appropriation should be encouraged. For the acute symptoms, those remedies which act as special heart sedatives may be given in small doses, frequently repeated at times. At other times, gelsemium will be available. *Lycopus* has exercised a beneficial influence in a few cases. *Strophanthus* and *cactus* have been advised by different writers, and I am confident that these remedies may be correctly adjusted to certain conditions. *Veratrum* should be given also, when the feebleness of the heart's action is not pronounced. *Mistletoe* has been suggested as exercising a favorable influence upon the action of the heart, and *apocynum* will be serviceable if edema be present. A number of writers have expressed themselves as enthusiastically in favor of *fucus vesiculosus*. It seems to exercise a direct influence upon several of the existing conditions. When there is pronounced disturbance of metabolism, or when the thyroid gland is conspicuously enlarged, *echinacea* and *phytolacca* may be administered. The regular school place much confidence in *ergot* and *salicylate of sodium*.

In an article from a Christiania, Norway, medical journal, written by Vetlesen, quoted by the Journal of the American Medical Association, a history is given of the care and treatment of forty-three cases of exophthalmic goitre. The article is an exhaustive

one, comprising 128 pages. The writer has drawn some very positive conclusions from his observations and has established a fixed confidence in the almost specific action of the phosphate of sodium, in doses of fifteen grains four times a day in the cure of this disorder, with and without the use of the extract of the thymus gland.

Two only of the doctor's forty-three patients were men. The most of the cases developed between twenty and thirty years of age; in several cases it was found that preceding the attack, there was a great sorrow or a fright or acute articular rheumatism. One patient had had acute rheumatism five times. Eight of the patients had had hemicrania, and eight of them had a family history of hemicrania. Simple goitre was noticed in the antecedents in four of the patients. In three cases mother and daughter were both affected. All of the patients but five were cured or improved by the treatment.

The treatment consisted of the extract of the thymus gland and sodium phosphate, alternating or combining the remedies as seemed best. His impressions are very favorable to the efficacy of this course of treatment. Whether the thymus extract, or the phosphate are superior on the whole, he has not decided, but his opinion is that both are important, with the balance of confidence largely in favor of the phosphate.

As I have said, the treatment of exophthalmic goitre with the extract of the thyroid gland is directly contrary to the indications, as the difficulty is due to excessive action of that gland, and this excess is increased by administering more of the gland, and such treatment would be absurd and unjustifiable.

It is even liable to transform a simple goitre into the exophthalmic form, of which he relates several examples. the patients having been given thyroid treatment by some other physician before they consulted him.

One of his patients was doing well under sodium phosphate when exacerbation followed from an attack of influenza, and he ordered thymus tablets. No improvement followed, the general condition and symp-

toms rather becoming aggravated. After taking from seventy to eighty tablets, the patient discovered that the bottle was labeled "thyroid tablets" instead of the prescribed "thymus." As soon as thymus tablets were substituted for the thyroid, improvement was rapid and has been permanent to date.

In one of the cases with fatal termination, the patient had been taking "antithyroidin", which seemed to have a toxic action.

Roentgen-ray treatment was instituted only in two cases. The results were excellent in one, but nearly negative in the other. Operative treatment was instituted in two cases; in the first there was considerable improvement for a few months, but then a second operation became necessary and the patient soon succumbed to asystole or possible embolism. The other patient seemed to derive great and permanent benefit from the operation.

He prescribes the sodium phosphate in the dose of 15 grains, in solution four times a day. The more recent the onset of the symptoms, the more effectual the sodium phosphate. He gives from two to four of the thymus tablets three times a day. He tabulates the details of the forty-three cases for comparison, with the age, initial symptom, treatment, etiology, etc.

He has been using the sodium phosphate since before 1899, on the recommendations of Trachewsky, Sahli and Kocher. He has never witnessed any inconvenience from its administration, even when kept up for many months. Very exceptionally, a little tendency to diarrhea was noticed, but this righted itself at once when he reduced the dose somewhat. He tried several other drugs in the course of his experiences, but long since abandoned them all for the sodium phosphate or thymus tablets.

I am confident that a careful use of one or both of these agents with our directly indicated remedies will be productive of even better results than those obtained by this writer. I would recommend persistent use of the sodium phosphate from the time the first symptoms appear.

Brief Contributed Articles

ANEMOPSIS CALIFORNICA

JOHN FEARN, M. D., OAKLAND, CALIFORNIA

I do not believe in unnecessarily multiplying new remedies. Nor yet in throwing aside old agents that have helped us so well in the past. But I have an idea that each country has plants growing within its borders, which are valuable for the diseases of the country. But in the case of the remedy heading this article, I believe it has properties which make it valuable not only in its own natural habitat, but abroad.

I first learned of it through my friend and fellow classmate the late W. H. George, M. D., of Inyo county, California, in 1876. Soon after a specimen was brought to me, which I recognized as a plant which had been identified by Mr. C. G. Lloyd of Cincinnati as *anemopsis californica*. On inquiry I found it to be much valued by the native Indians of southern California and Mexico, and also as far as known by the white people. The specimen brought me I made into specific medicine and began to use it. And I was able to join in praise of its medical virtues.

I wrote it up for the *California Medical Journal* some thirty years ago. My stock when exhausted could not be easily renewed, as it was not marketed. I could not go out to gather it, so that for some time my studies were brought to a close, but I never forgot it. I now know where it can be gathered and shall try and induce Lloyd Bros. to put it on their list of specific medicines.

As regards its therapeutics, in my hands it has shown that it possesses tonic, astringent and antiseptic properties. These facts are borne out by its use in popular practice. The Indians say, "Yerba Santa good—Yerba Del Manza much better." Yerba Del Manza is the name by which the Indians know the plant.

It is a tonic not only to the gastro-intestinal tract, but also to the respiratory and renal organs. It has an aromatic warming and astringent taste, not at all unpleasant. To me it seems to possess properties very much like those of piper-methysticum, and it can be used in the same conditions, as a tonic; combined with very small doses of specific *nux vomica* it is very efficient. In tuberculosis it has great repute among the natives, and in tuberculosis with great weakness and tendency to hemorrhage it does good work. If it be added to specific medicine *lycopus* it will give good results.

Wherever we have feebleness of the mucous membranes, with a tendency to breaking down of the tissues, this remedy given internally and as far as possible applied locally gives good results. In gonorrhea and such urinary troubles where cubebs are given, *anemopsis* is good. In painful diarrhea and dysentery with passages of blood and mucus, also in bad cases of typhoid, the late Dr. Oliver, formerly a student of mine, spoke very highly of it. The doctor in these cases used it in decoction, and so prepared it can be given freely.

In bad bruises, in tibial ulcers, and also in syphilitic sores, it makes a good local application.

Dr. Munk of Los Angeles has been using it for some time in nasal catarrh. See his article in the *California Medical Journal* for February, 1909. He adds from ten to thirty drops of the fluid medicine to a two-ounce prescription, consisting of glycerin, dr. 1, aqua destil., q. s., to be used as a spray in the head and throat every two to four hours. The doctor has had considerable success with it.

The specific indications for its use in catarrh are, according to Dr. Munk, "a full, stuffy sensation in the head and throat." In this way it makes a good healer.

I have not used it so extensively as Dr. Munk and I use a different vehicle, adding specific medicine of same strength to two ounces of Dobel's solution, and I can say it is a great remedy.

I have named it a mucous membrane remedy, and wherever we have cough with expectoration, or wasting discharges from the bowels, or urinary tract, it is indeed a good remedy. When using it locally, as in catarrh, be sure and give it internally. The compound syrup of the hypophosphites makes a splendid vehicle in which to administer it. The dose of anemopsis specific medicine is from five to thirty drops. The root is the part used in medicine.

USES OF CARBOLIC ACID

N. A. GRAVES, M. D., CHICAGO, ILLINOIS

There are few medicines in our materia medica that are used more often than is carbolic acid—either externally for its local effect, or internally for its systemic effect. I often make use of its combinations, the sulpho-carbolates, and but few days go by that I do not use it in some form or other.

Externally, I use it for venereal warts. If a person comes to me with a good crop, I touch them all thoroughly with 95 percent carbolic acid, and this, for me, has never failed. I sometimes use it two or three times, but the warts promptly disappear. It is good treatment for ordinary warts, but I like magnesium sulphate better. I, therefore, seldom use carbolic acid for them.

Ulcers are stimulated to active granulation by thoroughly burning with carbolic acid. Ulcerating stomatitis, in young or old, is relieved more promptly by this agent than by any other method. Dry the ulcers thoroughly and touch each with the 95 percent acid. This can be done readily by using a little cotton applicator. Pain is relieved instantly and the patient made happy. Try it on the next case of ulcerated sore mouth you have. You may have to cauterize it two or three times, but I will guarantee that the patient will obtain immediate relief.

Use it also in solution with potassium chlorate or hydrastis in these cases as a mouth wash.

For tibial ulcer it is valuable to destroy false granulation and stimulate healthy ones. In fact, the pain caused by any ulcer found

anywhere in the body will be promptly relieved by cauterizing it with carbolic acid, and the granulating will be stimulated to increased activity.

Carbolic acid is excellent in the treatment of fissures of the anus. In severe fissures of the lips or nose it should be applied with a small cotton applicator and the full strength acid used. In erosions of the cervix, this agent is an excellent remedy. After curettage in septic cases the uterus may be swabbed out with the full strength acid.

It has been used considerably of late in the treatment of burns, the acid of full strength being applied freely over the burned surface. Whether the burn be of the first, second or third degree, its advocates claim that the pain is relieved almost instantly and that the healing takes place as promptly as under any other mode of treatment. A number of reputable physicians have made these reports of late, and while I have not had any personal experience with carbolic acid in this condition, I shall certainly try it for burns the next opportunity that presents.

In erysipelas carbolic acid is my main stay where the skin is of a deep red color and the tissues are puffy and extremely full. As a local application it is unequaled.

It is used in the form of pastes or salves in the treatment of carbuncles and furuncles. The paste of Dr. J. Hughes Bennett consists of carbolic acid, oz. 1; raw linseed oil, oz. 7, and pulverized whiting to make a paste. This is as good treatment for this class of inflammatory diseases as any that I know of. Carbolic acid is used also to abort carbuncles and furuncles by injecting it deep into the adjacent tissues while they are forming. From three to ten drops of the pure carbolic acid being injected into a forming carbuncle is said to abort it.

Carbolic acid is used as an injection also in hydrocele. From 5 to 15 drops of the 95 percent is used for this purpose, and those who have used it report excellent results. It is used also in practically all fluids that are used for injections for the radical cure of hernia.

In toothache, where there is a considerable cavity, carbolic acid is often as useful as any drug that we can use for temporary relief. A small pledget of cotton saturated is used to fill the cavity.

In the treatment of skin diseases, particularly of the moist forms where there is much fullness of the tissues, carbolic acid is without an equal. In sycosis, in favus and in some other skin lesions it is used full strength over the parts.

Internally, the sulpho-carbolates are used largely as antiseptics in almost any disease where there are indications for antiseptic medication. When the tongue is coated whitish or dirty white in color, where there is a general fullness of the tissues of the mucous membrane, the sulpho-carbolates will be found to act admirably, zinc and sodium being the most frequently used.

A number of physicians are rather enthusiastic on the use of the sulpho-carbolate in typhoid fever, and when used with this definite symptomatology there are no better remedies.

Carbolic acid is an excellent remedy for vomiting from almost any cause when the tongue is broad, whitish coated and the tissues extremely full and puffy. Three to five drops in four ounces of water, and a teaspoonful given every ten, fifteen or twenty minutes will often act like magic. I have relieved the vomiting of pregnancy with it, and I have seen cases of malignancy which caused vomiting, in which this symptom complex was present, relieved by this use of carbolic acid, but of course the relief was only temporary.

As an antiseptic it is in quite general use, and while not as active as some of the others, it is efficient and has the property, except in very rare instances, of allaying irritation rather than causing irritation.

These are but a few of the conditions in which carbolic acid is used, but sufficient number to show the wide range of its possibilities.

It is the mind that makes the man, and our vigor is in our immortal soul.—*Ovid*.

A FORMIDABLE SKIN DISEASE

J. E. SMITH, M. D., MT. CARMEL, ILLINOIS

On December 21, 1907, I was requested to make a visit to G. W. D., one and a-half miles from my office. Mr. D., age 54, had been on the decline about a year. He had been a hard worker on the farm all his life up to the last few months. He had been treated by five different physicians, one, a specialist from Chicago, some regulars and one Eclectic. They had diagnosed his case as progressive paralysis and, of course, incurable. I found the patient a man that weighed, when in health, 170 pounds but at this time reduced to a mere skeleton and so weak he could not sit up five minutes at a time.

His tongue was very broad, thick and covered with a mushy white substance; temperature 99½°; pulse very irregular at times, full and bounding; then weak and wavering, missing fully one-sixth of the beats, making the irregularity so great they could not be correctly counted.

His skin, from the top of his head to his toes, was of a dirty brown color, and as dry as parchment, and covered with a scurf like that of a Berkshire pig.

He continually hawked and spit great quantities of glary tenacious substance from the mouth and throat. His wife had a large space on the floor covered with newspapers and she would have to change them frequently on account of their being covered with sputa. His urine was scanty and highly colored, specific gravity 1035. No sugar nor albumin. The bowels were constipated; abdomen very much sunken; liver slightly enlarged but not tender; spleen normal. He had no appetite, no relish for any kind of food. Said it had about as much flavor as dead wood. He took no solid food because it would not digest—did not agree with him and was so tasteless he didn't want it. He drank considerable sweet milk, not because it tasted good but for the nourishment he obtained from it and felt that he must have.

He was restless all the time; could sleep but little. His hands, arms, feet and legs

were numb and cold. He said they felt as though they were dead. In fact, his whole body was numb.

I had not seen a case similar to this one since I received the Andersonville prisoners in the hospital at Macon, Ga., in the spring of 1865.

After concluding the examination I remarked (in the presence of his wife) that I could not tell what could be done until I could see into what condition I could put his skin. If I could get his skin in good condition I could help him. His wife answered me by saying, "That's what they have all said," having reference to the five physicians who had previously seen him.

However, I promised to visit him the next day, Dec. 22, 1907. I went away, leaving no medicine. At my office I prepared an ointment, as follows:

℞
 Adeps lb. 1
 Sulphate of quinine drs. 2
 Oil of cinnamon drs. 2
 Cajeput drs. 2

Mix thoroughly.

I visited him the next day. He was too weak to sit while I would rub him, so I stripped him where he lay and rubbed him with the ointment thoroughly from his ears to the soles of his feet. First his chest and abdomen and then his back, until the whole pound of ointment was used—rubbed in with my bare hands. The next day I prepared another pound of ointment the same as the first, and used half of the amount I had used on the day previous. After a few hours there would be no evidence that he had had a bath of this kind except that the skin was a little more pliant.

On the 24th I prepared a lotion composed of the following:

℞
 Bicarbonate of soda ozs. ii
 Chloride sodium oz. i
 Aqua ammonia, strong ozs. iii
 Cistern water, q. s. pint i

Mix. I added this to one gallon of rain water as hot as could be borne, and with a piece of coarse toweling I scrubbed him

from his ears to the soles of his feet. By this process I loosened and got rid of a great quantity of scurf. The next two days I repeated the ointment application, then followed with the strong hot lotion. After this second course his wife (a big, stout woman) said she would attend to the local treatment as well as give the medicine.

Internally he got the following:

℞
 Specific echafolta dr. i
 Specific veratrum viride . .gtts. x
 Specific cactus grand. gtts. xx
 Specific chionanthus gtts. xx
 Specific aqua, q. s. ozs. iv
 Mix. Sig. Teaspoonful every two hours.

℞
 Acetate Potass. drs. ii
 Bicarbonate of soda dr. i
 Water ozs. iv

Mix. Sig. One tablespoonful in a wine-glassful of water every two hours. I also gave digestive tablets, two or three after eating, and, as a tonic, strychnine sulph., 1-100 grain every four hours.

The foregoing prescriptions were continued with but very little change. After about the fourteenth day of treatment his skin became clean, soft and smooth, but did not have the proper color for some months.

After the first ten days of treatment the patient became ravenously hungry; everything tasted good, and with all the precaution we could use he overate and almost relapsed. He later made a good recovery and at present weighs about 170 pounds.

I am not able to tell you why his skin got into that condition. There was evidently a gluey secretion from the pores of the skin to start with. He said that during the summer of 1906 he could not sweat, it made no difference how hot he got.

To John M. Scudder belongs the credit for the injunction of fatty substances in the parched and dry skin. I realized the body covering was the biggest factor in this case of "progressive paralysis," as the five previous doctors had diagnosed this case. I never gave the case a name. I simply

used indicated remedies, and as far as possible removed the cause and gave nature a chance to do her work.

COMMENT.—It is these unusual cases that puzzle physicians who are not looking for the character of the condition and for the precise indications for treatment. The Doctor told me in conversation at the Illinois state meeting of a number of cases he had in 1865 when in charge of the army hospital at Macon, which were transferred to the hospital from the filth, starvation and scurvy of that awful prison, Andersonville, which presented conditions similar to the above and yielded to a similar treatment. This experience of course helped him in this case. His confidence and persistence were the important elements of cure on his part.

DIOSCOREA FOR CRAMP-LIKE PAINS

E. G. PADGHAM, M. D.

I was called on the 18th of February last to attend Mrs. G., whom I found to be what could be well called a nervous wreck, with the addition of a general neuralgic tendency. She had been doctoring with one physician for seven years, who for the past two months kept her under the influence of morphine most of the time. He often came four times a day, giving her a hypodermic injection each time.

On my first visit I gave her pulsatilla and gelsemium, and because the heart was weak I prescribed cactus. That night at midnight I was called in great haste and found her suffering from what appeared to be an acute abdominal colic. As dioscorea was directly indicated, I prescribed 20 drops of the specific medicine in four ounces of water, to be given in dram doses every ten minutes.

At the end of an hour the pain had subsided, and the patient had a fairly good night's sleep. This course of treatment proved to be very satisfactory in this case and enabled us to do away with the use of morphine which she told me she expected I would administer. She was much pleased with the change of treatment.

My next case was that of a Mrs. H. who suffered from repeated attacks of uterine colic. She had morphine tablets which her previous physician had given her, to which she was in the habit of resorting, when the attack came on. She said she

had to repeat the tablet frequently, as the relief obtained from them was of but short duration.

For this case also I prescribed dioscorea. I had her persist in the use of this remedy whenever the attack came on, and it was only a short time until the attacks disappeared entirely.

I was called another time with this patient when she was suffering from intestinal colic with diarrhea. The indications pointed direct to dioscorea as the specific remedy. I added 20 drops to 4 ounces of water, and gave her a teaspoonful every five or ten minutes. She could not lie down nor, in fact, be easy in any position. There was a constant desire for the bowels to move. In thirty or forty minutes she lay down on the bed and entered into a conversation with those around her, and showed permanent relief. I prescribed a few drops of turpentine to be repeated as needed to relieve the stomach and bowels of gas. The cure was satisfactory and complete.

I am satisfied that dioscorea is a most efficient remedy in the treatment of certain cramp-like, intermittent colicky pains. I have found it to be a much more satisfactory remedy than morphine. There are no after symptoms whatever from its use, and the condition abates promptly in every case when correctly prescribed.

CHLOROFORM AND MALARIA

W. H. YOUNG, M. D., BOONVILLE, ARK.

Dr. A. C. Hewett on page 86 of the March number of ELLINGWOOD'S THERAPEUTIST says that Dr. L. B. Dean commends spiritus frumenti in the proportion of 4 drams to 1 1-2 dram of chloroform. This is mixed and given at a single dose in congestive chills, in order to obtain a prompt reaction when the chill is on.

The statement that Dr. Dean was the first to recommend chloroform may be correct, but I know of this agent being used in Kansas as early as 1870, but to prevent and control malarial chill, not to abort congestive chills. The doctor's treatment was for cholera morbus instead of for congestive chills.

I practised in Kansas several years when that state was first settled up, and while the enormous growth of vegetation was being turned under in the plowing up of the virgin soil, and while the sod was decaying we certainly had congestive chills in all their glory. We had also pernicious intermittent fevers, the congestion or congestive chills following these fevers.

The doctor says he gave 35 drops of chloroform in two doses, he then gave 10 grains of quinine, 3 grains of leptandrin, and 2 grains of capsicum. The doses are repeated until the reaction was complete. As we all know chloroform is only a capillary stimulant. Capsicum is also a stimulant to the capillary circulation, more local in its influence; leptandrin acts upon the liver, and is a mild cathartic. I believe this remedy was one of the most important in this combination.

I do not think quinine has a curative influence on chill itself. I think these cases are complicated by indigestion, and probably autointoxication from the presence of indigestible food, which has been retained for several days during the course of these chills within the intestinal tract. The cause of the difficulty must be removed before any remedy can have a permanent effect. The course I adopted for many years was to thoroughly evacuate the stomach by giving an emetic such as ipecac, lobelia or sanguinaria. I diluted these remedies with water and gave them in repeated doses until the patient was thoroughly nauseated, then I often gave 30 drops of each one, together as a single dose, insisting upon the patient drinking a great deal of water at the same time.

¶ This would ultimately wash out the stomach very thoroughly, then I gave enough elaterium and podophyllum to thoroughly move the bowels. I would then begin with quinine, giving two or three grains to the dose every three hours. I also gave one drop of Fowler's solution of arsenic with each dose of the quinine, in some cases. In others I would give 1-60 grain of strychnine with each dose of the quinine, giving each

remedy as indicated by the peculiar condition outlined in the patient in hand, and by the proper adjustment of this treatment I succeeded in getting very satisfactory results.

STATIC, GALVANIC AND FARADIC ELECTRICITY

C. O. COURTWRIGHT, M. D.

I believe that electricity as a therapeutic and curative agent is one of the most potent means for the relief of suffering in certain conditions. Its influence for good when properly used and understood is established. It imparts a new life and vitality to every fibre. Every tissue cell in man's body has its positive and negative pole; destroy the law of affinity between these, and we have disruption or disease, either local or general, as a consequence. Until recent years the full potency or therapeutical value of static electricity was not appreciated. I think because its physiological action was but little understood, and the proper mode of its application had not reached a practical standard.

In its influence upon the nervous system it regulates the circulation of the blood and the functional activity of every organ in the body. It has control over metabolism, and the nutritive processes. Because of this action it is one of the greatest stimulants and tonics in the whole range of medicine, and it also equalizes the general circulation. Many functional ailments are caused by a disturbance of normal circulation or of innervation, and because of this influence this agent is efficacious.

I have used electricity in many instances and it has achieved excellent results for me, especially in chronic ailments. In chronic nervous affections I have found it to give permanent relief. It is easily applied and readily tolerated even by very delicate and sensitive subjects by properly regulating the current. It is an excellent remedy for certain cases of epilepsy, chorea and for various forms of mental disturbance.

Neurasthenia, or nervous exhaustion so common with women, a condition with a

multiple of symptoms, will soon improve under the benign influence of electricity, properly applied. Here is a large field for its practical application, since it displays its power by supplying to the nervous system its natural pabulum or food elements, a deficiency of which has disordered that function. If a given nerve be paralyzed the origin or part which this nerve supplies is dormant and will continue to perform its function imperfectly until the paralyzed or pathological condition of the nerve is corrected. Surprising results have been obtained with electricity in paralysis, and in piles, atrophies, insomnia, headache, neuralgias, sciatica, rheumatism, and certain kinds of tumors.

I have enumerated but few of the abnormal conditions in which the agent is applicable, but having used electricity in my practice at least three thousand times, I know whereof I speak, that it is most wonderfully curative, and I am certain that many chronic conditions in both sexes may obtain radical relief and cure by its use. I think the medical profession should take a more energetic hold of this agent and develop its latent powers of usefulness. Physiological law being God's law, and all his laws being immutable, it follows, *a priori*, that whatever contributes to a perfect equilibrium of the electrical molecules and natural elements in our bodies must restore to health, strength and general activity.

COMMENT.—The enthusiasm of the doctor for electricity as a therapeutic measure, reminds me of the spirit that prevailed thirty years ago, when a knowledge of its therapeutic properties was in its infancy. Those who then used it were exceedingly enthusiastic. The faradic current was principally depended upon. No expensive or elaborate apparatus was used. The complicated machinery of the past few years, furnished at great expense, has caused the profession to lose sight of the exceedingly beneficial results that may be obtained from the simpler currents generated by inexpensive apparatus. I have long thought that we must strip electricity of its useless paraphernalia; we must relegate the use of elaborate machinery as a drawing card for patients and as an advertisement of superior office equipment, to the past and apply the simple current by the simplest efficient mechanism, to those conditions in which it is indicated, in conjunction with our remedies. I have much confidence in it as a therapeutic measure when so applied.

LOBELIA IN DIPHTHERIA

A. S. THOMPSON, M. D., McDONALD'S CORNERS,
ONTARIO

I have had some recent experience with the hypodermic use of fluid extract of lobelia in diphtheria which I should not like to be repeated, which I briefly relate.

H. P., aged 12 years, sick two days with sore throat. When seen on the second day, diphtheria was diagnosed. Fluid extract of lobelia (P. D. & Co.), 20 minims, was injected into the back at 10:30 a. m., and repeated at 5 p. m., together with a hot antiseptic gargle and a spray of listerine and peroxide of hydrogen. I also used calcium sulphide, 1-6 grain every half hour to effect. On April 9 I gave lobelia, 25 minims, and for local treatment I continued the swabbing and spraying with peroxide of hydrogen at 10:30 a. m.

At 10:30 p. m. the throat was clear, but both nares were blocked with membrane and there was a vile smell. I passed a small probe armed with cotton dipped in a solution of iodine two drams to glycerin one ounce, but this provoked such serious hemorrhage—only checked by a hypodermic of atropine 1-60 grain—that I dared not repeat it. I also gave him a hypodermic of strychnine nitrate, 1-25 grain, and digitalin, 1-100 grain, and administered 2,000 units of antitoxin. I gave as a heart tonic the Abbott Alkaloidal Co. granules No. 248, two granules every two hours.

April 11, 7:30 a. m., he was some better, and 2,000 units of antitoxin were given. Pulse fuller and stronger, but nares completely blocked. At 6:30 the left nares were slightly patent. General condition slightly improved. I continued local spray treatment; tongue clean, appetite bad.

April 12, 9 a. m., the general condition was fair, the patient taking some nourishment, the pulse of fair volume but fast.

April 13, 10 a. m., pulse good, nose still blocked up, patient doing fairly well. April 14, 2 p. m., good pulse, nose cleaning up, general treatment continued. April 17, 5 p. m., general condition good, nose clean, spray of compound menthol tablets,

but still little or no appetite. April 22, bilious vomiting set in. On the 25th the temperature was 97, pulse 132, tongue dry, coated, anorexia. April 27, acute right parotitis occurred; the pulse 120; increase in weakness, no appetite, bowels normal. April 28, 11 a. m., pulse 140 and very weak; died at 2 p. m.

What I wish especially to call your attention to is the fact that the injections of lobelia were intensely painful at the time and continued so for several days afterwards, and at the time of death each injection site was marked by an area one and one-half inches in diameter of dark ecchymosed color, and that the 4,000 units of antitoxin (two injections) did not cause any pain nor produce local discoloration. In every case the injections were subcutaneous.

The second case was a child four years of age in another family. The child got lobelia 20 minims by injection on the 8th, at 11:30 p. m., and again on the 9th at 8:30, with local spray, swabbing of iodine, but died at 9:45 on the 9th. All the members of the family (save the mother, who was five or six months advanced in pregnancy), the father and three children aged two and one-half up to seven, received hypodermics of lobelia, and all complained of the severe and long continued pain following the injection.

In reference to these two cases it must be admitted that they were both very severe, and were not seen nor treated until the disease had entered the third day from the time the sore throat and initial fever were noted, and therefore are not sufficient to condemn the use of lobelia per se. Unless I can get a preparation of lobelia that will not be so severe as this fluid extract proved, I shall hesitate to use it again. Now, what I want to know is what was wrong. The diagnosis was confirmed by a swab taken from the second case above referred to, so that much is certain. Did I begin too late or use too small a dose of lobelia, or what?

In the case of the twelve-year-old boy, he was a poor, weak, whining creature with

no stamina, and never made any real progress toward recovery at any time. He appeared to "drift" along. He got excellent care and attention from his father, who faithfully carried out instructions.

IS IT APPENDICITIS?

J. M. HOWARD, M. D.

I desire to report for *THE THERAPEUTIST* a number of cases here which simulate appendicitis, and which have been diagnosed as appendicitis, but which to my mind do not strictly conform in their symptoms to the symptoms of that disease.

The first case was that of a blacksmith, a strong man physically. The attack came on suddenly. There was obstinate constipation. There was pain in the region of the cæcum. It radiated over the abdomen, finally becoming located in the right hypogastrium. There was no temperature, and the pulse was only slightly accelerated. The man was operated upon, and was found to possess only the rudiments of an appendix with no inflammation there.

The second case was that of a painter. He had had several attacks of severe pains in the region of the appendix which his physician had thought required opiate. There was obstinate constipation and nausea, but no temperature.

Case three was that of a farmer. There was intense pain in the right iliac region at McBurney's point. There was obstinate constipation with subnormal temperature and vomiting.

The fourth case was that of a lady aged thirty-five, which started in the right hypogastric region, and radiated to the stomach. There was obstinate constipation requiring three days to secure an action from the bowels.

All these patients showed plainly the presence of jaundice. The discoloration was apparent both in the eyes and the skin. There was white-coated tongue, and there were colicky pains in the region of the cæcum, and with all there was obstinate constipation.

Any agent given to overcome the constipation which would increase the peristalsis would increase the pain. In all of these cases there was pain in the region of the appendix on deep pressure, but there was no fever in any case. The condition is occurring in my neighborhood now, almost every day. There is apparently no malaria in this neighborhood, but the people all drink water that is charged with gypsum and other salts of lime. Could this cause it? I would like some information on this subject.

COMMENT.—These certainly are not typical cases of appendicitis, but they all present indications that are amenable to specific treatment, and that closely resemble those of appendicitis in many particulars. The colicky pains with inclination to jaundice should be relieved quickly by dioscorea in hot water, from 20 to 30 drops for a dose, every half hour. Relief should occur in two hours. There is no doubt in my mind that there is a catarrhal condition of the common duct. This will yield quickly to ten-drop doses of chionanthus or a little iris. Hot application should be made over the liver and over the abdomen of a solution of epsom salts, or libradol should be applied. The bowels should be thoroughly flushed with a strong solution of epsom salts, and this remedy should be given internally wherever there is local soreness. Localize the hot applications and for this condition give a drop of bryonia every hour persistently. If there is a general tendency to the condition in the community the people should be induced to take a laxative for a short time. The best one for persistent use which would cover many if not all of these indications is sodium phosphate.

THE INTRAUTERINE USE OF THE GALVANIC CURRENT

N. M. COOK, M. D., PRINCETON, IDAHO.

I desire to heartily support the expressions of Dr. Watkins in the April THERAPEUTIST. There is little written on intrauterine medication and the method is very unpopular with surgeons.

A little more than a year ago at our county medical society the question was asked: "What shall we do for those patients with uterine disease who will not submit to an operation?" I said I had often relieved such by intrauterine medication and even more satisfactorily with the galvanic current passed through an intrauterine electrode (aseptic, of course). The

surgeon who asked the question—a brother graduate of Bennett—"did not think it practical and would not agree to it at all." Another surgeon who poses as one of the greatest in the Northwest, quickly replied: "I am so afraid of infecting the uterus, I almost never introduce even a sound." I felt so small after that squelching that I wondered if electricity had lost its power and could no longer cure as it has hundreds of cases for me in the last fourteen years.

I wrote Dr. Franklin Martin, enquiring if it could no longer do what it did for him back in 1894 when he was amplifying its uses before his classes. He kindly replied that it *can* do all it could then, and is an antiseptic itself, so there is no danger of infection.

The writer procured the privilege of presenting a paper on "Electricity in Uterine Diseases" at our next meeting. A member of the state examining board was asked to reply. He stated that he was very much interested in the paper but it was entirely beyond his experience and he could not throw any light on the subject. Two other physicians agreed fully with the statement of the writer.

It will often obviate the necessity of curettement, will cure inflammation, will stop hemorrhage or induce menstrual flow according to the manner of application.

Thousands of uterine cases can be cured by it, and medical applications, as Dr. Watkins says, for an expense of twenty-five to fifty dollars as against \$250 to \$500 for a surgeon's skill.

I wish THE THERAPEUTIST would say, "Some of the life long admirers of Prof. H. K. Whitford are anxiously waiting the fulfillment of his long-ago promises to give us a work on the practice of medicine."

COCAINE IN WHOOPING COUGH

J. F. WILLARD, M. D., COLORADO CITY, COLO.

In the treatment of whooping cough I believe that cocaine is something of a specific. This disease is often too lightly considered, and should not at any time be looked upon as a joke. Too often I have

observed the child to become comatose and have seen very serious symptoms following severe paroxysms of cough.

I am satisfied that the cough is not the real difficulty. The disease is more deeply seated than that, and in the treatment of the disease we are often in need of a remedy upon which we can depend at once, and we need it badly. If we do not have it the child may die, and in some cases is sure to die.

Allow me to offer the treatment which has proved successful with me and for many years I have used no other. This influences the condition at once, and alleviates the symptoms to the extreme satisfaction of the mother and friends of the afflicted child.

In the first place I apply a mustard plaster made of strong mustard seed to the nape of the neck, allowing it to extend well up over the back of the head. This is kept on until the skin is thoroughly reddened and is repeated often enough to produce a profound impression upon the circulation at the base of the brain. I then make a mixture of hydrochlorate of cocaine, 5 grains, nitrate of sanguinarine, 2 grains, belladonna specific, 10 drops, aconite specific, 10 drops, glycerin sufficient to make 2 ounces. Mix; give from five to ten drops in a little water and repeat the dose every one, two, three or four hours, as seems required. This formula eases the cough in a great part. It controls the paroxysms to a considerable extent, causing them to be less frequent, and appreciably shortens the duration of the disease.

ECLAMPSIA

J. T. STEPHENS, M. D., Excelsior, Ark.

Having read a number of articles lately in *THE THERAPEUTIST* on eclampsia, I am inclined to give the history of an uncomplicated case that I have recently attended. The case was that of a woman, aged 20, primipara, whom I found upon my arrival at 6 a. m. in the second stage of labor. The os was well dilated, but the patient complained of a very severe headache. I gave her acetanilid, and as the pains were

unusually hard I also gave her a one-half strength H-M-C tablet.

From that time the labor progressed nicely for about one hour. I ruptured the membranes and from the indications I thought that the labor would be terminated in about thirty minutes. There was no abatement, however, in the severe headache. All at once the patient was seized with a profound convulsion. She was immediately unconscious and evidence of labor ceased. I at once gave her 15 drops of Norwood's tincture of veratrum hypodermically and 30 drops of fluid extract of valerian. As soon as the paroxysm ceased, I applied the forceps and delivered her at once.

The patient was seized with vomiting which was extreme and lasted a long time. This was largely of bile, which the convulsion had probably thrown into the stomach, and as soon as the stomach was evacuated the patient became quiet, but did not regain consciousness for about eight hours. From that time on I kept the pulse controlled by the use of veratrum and valerian until it was reduced to from 58 to 63 beats per minute. I used a vaginal douche twice a day, and gave her a teaspoonful of a compound of echinacea three times a day to guard against sepsis and other complications.

For the past twenty years I have been using veratrum and valerian together in the treatment of postpartum eclampsia, and always with uniform success. I am aware that there is nothing new in this short article. It is simply a confirmation of the value of one of our old, reliable remedies, those that we know to work successfully.

In enuresis nocturna, the more common variety, a single large dose of strychnine and atropine at bedtime will often be all that is required.

For the flatulence of old age, Charcot and Loomis recommend a dry diet; avoidance of potatoes; taking spices and alkalies; cajeput oil, creosote, charcoal, ammonia and comp. spts. ether.

Letters

NITRIC ACID IN THE CURE OF WARTS

Editor Ellingwood's Therapist:

On page 98 of your March number Dr. Kidd advocates the use of HNO_3 applied locally to cure warts. I would suggest that first pure carbolic acid be applied, after a couple of minutes dry off the excess with absorbent cotton, then apply the HNO_3 , which will be painless and just as efficacious.

A. L. THOMPSON, M. D., C. M.

WEEPING ECZEMA

Editor Ellingwood's Therapist:

On page 141 of your issue for April I note a request from J. B. Eaton for assistance in the treatment of weeping eczema. Let me suggest that he commence by completely emptying the bowels, a task of no small dimensions. In this case I would advise podophyllotoxin and iridin, a granule each, every hour until six doses are taken; followed by a full saline laxative. Accompany this by a colonic enema of warm water containing an ounce of sodium bicarbonate to half a gallon to be taken with the patient lying on the back, and the action accompanied by gentle massage of the abdomen, so as to completely break up retained masses and get rid of them. This should be repeated as long as the presence of indican in the urine shows that there are retained fecal matters.

After this is done the bowels may be kept regular by one grain of juglandin a day in divided doses and a small dose of saline laxative in the morning. With this I would advise pilocarpine, a milligram every two hours during the day; to be continued for one week. The local treatment is of no value whatever unless the preliminary treatment has first been put effectively into operation. However, I would advise the patient to use no soap, but a saturated solution of borax instead, and this to be

used as seldom as possible. Locally I would employ some drying powder, and if the skin is rough and fissured after healing has commenced a nightly dose of carbenzol, the American ichthyol, should complete the cure.

If the discharge is quite profuse my specific remedy would be hydrastine, in small doses, a milligram from four to seven times a day.

WILLIAM F. WAUGH, M. D.

WEEPING ECZEMA

Editor Ellingwood's Therapist:

In regard to Dr. J. B. Eaton's case, p. 141, April number of your journal, I think the good doctor evidently has a tough case on hand, for he prescribed the very best alteratives at his command, yet with no permanent results.

As he says, "the lady is well nourished and in apparently good health," I just wonder if the examination of her urine would have revealed anything. However, he wants suggestions as to curing the case if possible, so here are mine:

R

Specific alnus drs. ij

Specific lappa oz. ss

Specific euonymus oz. ss

Neutralizing cordial, q. s. ozs. iv

M. et sig.: One teaspoonful three times a day an hour after meals.

Keep her on this prescription nine or ten days and then substitute elixir of hydrastis for the neutral cordial. If her bowels should not move regularly use hepatic eclectic tablets at bed-time, and one heaping teaspoonful of sodium phos. in half of a glass of water in the morning.

As to local measures, I suggest first washing the parts with a solution of sodii bicarbonate and then applying basilicon ointment (suggested a few years ago by Dr. R. S. Trask in *Chicago Med. Times*), made according to the German pharmacopeia, as follows: Olive oil 6 parts, yellow wax, resin, suet, of each 2 parts, turpentine 1 part. Melt them with a gentle heat and strain. Apply when going to bed. Last

but not least, forbid the use of spices, vinegar, pastry and fat meats. Do not let the patient drink anything while she eats, but let her wait at least half an hour after meals, and then she can drink as much as she wishes.

Long live THE THERAPEUTIST and its genial editor.

A. J. J.

PELLAGRA

Editor Ellingwood's Therapeutist.

Will you be kind enough to tell me through the next issue of your journal, if possible, what is known concerning the disease which is called "pellagra," with the treatment. We have in this section several cases of what we believe to be "pellagra." I have some twenty-five volumes by the leading authors on practice, in the past and present, but I fail to find anything but a brief mention of what the disease is, but no treatment is suggested. I have treated the one or two cases that I have had symptomatically with some success. I will be very grateful for any help that you can give me. Thanking you in advance for your kindness and wishing you success with THE THERAPEUTIST, I am, very cordially and appreciatively yours

J. A. MACDONALD, M. D.

COMMENT.—Pellagra is quite common in the southern portion of France and in Spain, in fact, along the northern Mediterranean coast. It is sometimes known as leprosy or scurvy of the Alps, or Italian leprosy. It has been very generally believed to originate in the use, as an article of diet, of maize which was either invaded by the fungus of ergot, or had developed other deleterious substances after its reduction to a coarse powder. Hyde says the wretchedness, poverty, poor food, and hopeless moral and social condition of the inhabitants of the pellagrous districts, many of them toiling under a burning sun, half starved, emaciated, and despairing, should explain largely the symptoms of the scourge which afflicts them. It is characterized by a slowly increasing cachexia attended with disturbances of the cutaneous, digestive and nervous systems. The skin is affected with an erythematous eruption, especially of the exposed parts of the body, and sometimes with desquamation, erosion, or crusting. The digestive derangement may consist of anorexia, dyspepsia, vomiting, or diarrhea. The nervous symptoms, which are usually grave, may assume the form of melancholia, mania, convulsions, or idiocy.

Concerning the treatment of this disease many authors say nothing whatever; others enlarge on its prophylactic treatment only, while foreign writers advise the use of arsenic, quinine and strychnine. Following closely the indications, it would be advisable to try our own specific remedies wherever indicated. The use of echinacea persistently, with or without berberis aquifolium, would certainly antagonize the general toxemia. The use of specific nerve tonics would maintain the nervous system. Other symptoms referable to the nervous system, or to the various conditions of the skin, or to the gastro-intestinal disturbances, can certainly be met with some of our remedies which would seem to be plainly indicated. It will certainly be interesting indeed to study this disease with reference to the selective action of our remedies.

WEEPING ECZEMA

I noticed in the April issue of THE THERAPEUTIST on page 141, that Dr. Eaton asks advice as to the treatment of a case of weeping eczema in a woman who is well nourished. That would make one think of the uric acid diathesis. I would advise that there be an examination of the urine made, and that the patient be treated accordingly, also that any possible uterine trouble be detected and relieved.

As I am inclined to think from the doctor's description that the patient has gastritis, I would suggest a very careful attention to the diet. For internal medicine the patient should have a saline laxative at the proper time with echinacea and stillingia in full doses, of from one-half dram to one dram of the specific medicine, and long continued.

The weeping should be stopped by a wash made from the potassium permanganate, from 10 to 60 grains in a pint of water. After the weeping has stopped use a mild ointment. I have found one made of oxide of zinc and boric acid to be good. Unna's paste applied after the weeping is stopped, will help many cases. Under no circumstances should irritants be used, and soaps should also be avoided.

DR. M.

COMMENT.—I would like to add to the doctor's suggestion that the patient be made to drink a very large quantity of water, and avoid both tea and coffee. If the doctor's theory is correct this will add very materially to his treatment in such cases, as this enhances the influence of every measure he has suggested.



SINGLE TRUTHS FROM MANY DOCTORS AND MANY
TRUTHS FROM EACH DOCTOR

Verbascum

I have seen but little—nothing at all extensive—in any of our periodicals on the action of verbascum in the treatment of urinary difficulties. For many years it has been the best remedy I have been able to find in the treatment of conditions in which there is acrid urine, especially if there be dysuria or stranguary. It is prompt, safe, efficient and satisfactory in its influence. I advise you to use it when your own favorite remedy has failed in these cases, which are sometimes very stubborn.

A. L. MATHEWS, M. D.

COMMENT.—I shall certainly take the doctor's advice myself and try this remedy if I ever have a failure of my own favorite, which is benzoic acid and borate of sodium in cinnamon water. This combination has served many so faithfully that I had concluded that nothing could excel it; however, verbascum would have the advantage of palatability and ease of administration. Furthermore, my combination will irritate the stomach if continued for any great length of time. This is the worst objection to its use.

Painful Character of Lobelia Injection

On several occasions I have tried the hypodermic injection of specific lobelia, and in one case with a needle that had never before been used. I find that the injection of even one drop produces the most intense burning pain at the seat of injection, in fact so great is the pain that I cannot understand how this remedy is going to be used generally for hypodermic purposes. It seems very much like fluid lightning. Would it not be possible to dissolve a concentration of lobelia in water, or in oil, to do away with this serious objection to its hypodermic use?

N. M. COOKE, M. D.

COMMENT.—I have just received from Professor Lloyd a specimen of a new hypodermic lobelia which promises to be all we could desire for injection at this time when every physician is experimenting with lobelia hypodermically. This new preparation is prepared in glycerin. It is of the

same strength as specific lobelia, but does not contain the alcohol. This preparation has been distributed to a number of physicians who will use and report at once to Prof. Lloyd. If this preparation does not satisfy, another one will be made, until an absolutely non-irritating hypodermic lobelia will be accessible, and it will probably be but a short time until this result is obtained. We must all make the best of what we have until that time.

Rhus Tox. and Asepsin

In the treatment of poisoning by rhus tox. I have obtained uniformly satisfactory results from the use of a solution of asepsin. I dissolved five grains in an ounce of rain water and applied it freely to the part. There is immediate benefit and a quick cure, and one need look no further for a remedy. I have used it for this purpose fifteen years.

For a non-irritating and in fact a soothing preparation for an antiseptic dressing, I think asepsin has scarcely an equal. I use it freely externally and give echafolta, aconite and phytolacca usually in alternation with chlorate of potassium in the treatment of diphtheria, and the results from this combination have been indeed excellent.

J. F. WILLARD, M. D.

Treatment of Diphtheria

After I had tried many remedies with only reasonable success I succeeded in perfecting a treatment. This consisted of giving dilute sulphurous acid, in a mixture of glycerin or syrup. I alternated this with the tincture of phytolacca and eucalyptus in appropriate doses.

I give these remedies alternately every half hour or hour, according to the severity of the case; at the same time I spray the throat frequently with peroxide of hydrogen. This course of treatment causes the diphtheria to give way quickly to healthy indications.

The sulphurous acid to be good must have a strong pungent sulphur smell.

I. E. LAYTON, M. D.

COMMENT.—In 1880 I learned to use sulphurous acid in diphtheria. I expect I have used it in hundreds of cases. I learned to use it wherever there was an exudate, as I have never found anything in my entire observation that will so quickly destroy the exudate and leave a perfectly clean

throat, and leave no unpleasant after symptoms. The doctor is not definite concerning the dose of his remedy. I give from six to fifteen drops of the dilute acid every two hours. In a great many cases I have ordered it combined with syrup of acacia, and have added two or three grains of ordinary sulphur to each dose. Given early this remedy will abort the disease and prevent the necessity of using any antitoxin.

Again Unguentine

Dr. Downs' article on the use of *Unguentine* in a burn from steam calls to mind two cases in which I received the best of results by the use of the same article. My first experience with it was treating a wound caused by an operation for removal of a fatty tumor over the right shoulder-blade in a lady that was to a degree scrofulous. The surgeon made his incision perpendicularly over the tumor, the consequence being an impossibility to hold the parts together, the least motion causing a tearing loose. She was two years trying first one physician, then another, and from one school to another. Finally she wrote me asking me to meet her and go with her to some surgeon in Chicago. I made her the proposition that she allow me to treat the wound three weeks. If I did no good she should have her treatment for nothing, including board at my home; if I cured her, she to pay me the same fee she had others. I accordingly applied unguentine, changing night and morning. Result, a perfect healing by granulation in two weeks, and no eschar.

My second case was that of a lady whose entire right arm ignited while cleaning a pair of suede gloves drawn on the hand and arm—a terrible burn, reaching from the tips of the fingers to the shoulder joint. Unguentine, first and last for three weeks, healed it with absolutely no pain in the interim and also no eschar.

FRANK A. BARBER, M. D.

Chicago.

Gastritis

I was consulted by Mr. Q., 25 years of age, who stated that for two or three weeks he had been suffering from palpitation, with

severe pain in the region of his stomach. He could eat no solid food, and even a drink of water was impossible because so great was the pain. I found that he had a weak and irritable pulse, and over-strained heart from bicycle riding, with severe pain on pressure in the epigastric and umbilical regions, with slight vertigo.

The pain in the region of the umbilicus called for *nux vomica*. The condition of the heart plainly indicated *cactus*. The general atonic condition indicated *hydrastis*. I therefore prescribed:

R

Cactus minims 30

Nux vomica minims 10

Hydrastis drams 2

Infusion of orange, q. s. ounces 4

Mix. Give a teaspoonful four or five times a day in a little water.

After taking this medicine for a short time he stated that from the first dose the pain and all other disagreeable symptoms had gradually abated and that now he felt almost well. He asked me to give him another bottle of the medicine, that he might continue it until the cure was made permanent.

F. A. PINELES-MONTAGU, M. D.

Sulphur Externally

I wonder if any reader of *THE THERAPEUTIST* ever tried the effect of dusting dry sulphur on an open sore or a fresh cut? I have found this to be an excellent healing measure with horses where there was a sore shoulder or abrasion elsewhere from the harness. With a little protection to the sore the sore will heal up without taking the horse from his work. It is often superior to any salve.

S. E. BURCH, M. D.

Facial Eczema

On December 23, 1906, Mrs. G., an old lady of 80 years, consulted me for eczema, from which she had suffered for many years. She was very deaf, lived a long distance from my office and wanted some medicine that could be used without it being neces-

sary for her to see me often. I prescribed cannabis indica, 20 minims, hydrastis, 2 drams, iris, 5 drams, glycerin, 2 drams, water, enough to make 4 ounces. Mix. Take a teaspoonful four or five times a day in water.

As an ointment I prescribed boric acid, 1 dram, hydrastis, 2 drams, white vaselin, 1 ounce. To be applied as needed on clean linen, sparingly.

I did not see this patient subsequently, but was told that the treatment had done the patient a great deal of good, and that it was subsequently not necessary to continue it.

F. A. PINELES-MONTAGU, M. D.

A Formula for Tubercular Conditions

There are thousands of cases treated annually by eminent physicians for tubercular disease of the lungs in which no tubercles can yet be detected. I believe many of these cases die of the syphilitic infection which causes destruction of the lung structure, rather than from tuberculosis. I will give my formula for treating general tubercle:

R

Sanguinarina nitrate gr. 1-67
 Iron hypophosphate gr. 1-2
 Sodium cacodylate gr. 1-6
 Sodium formate gr. 1
 Brucine, C. P. gr. 1-100
 Potassium phosphate gr. 1-12
 Solution nuclein drops 2

Make one tablet. Dose, one or two tablets every three hours.

W. A. S. MURPHY, M. D.

Verbena Hastata and Solanum Carolinense

I am collecting materials for a report on the therapeutic properties and clinical uses of verbena hastata and solanum carolinense, and am especially interested in their use in epilepsy, with the special indications for their employment. I shall be glad to receive reports from all persons who have had experience in the use of either of these drugs, and to give due credit in the collective

investigation report which I hope to publish in due time.

J. M. FRENCH, M. D.

Prostatic Enlargement

I have obtained excellent results in the treatment of prostatic enlargement in old men from the use of thuja. I have used it in a large number of cases. I give five drops of the specific remedy internally every two hours. Then I prepare a suppository which contains from ten to fifteen drops, of the same remedy, and have this introduced within the anus. I prefer this method to those usually advised, or to other better known methods.

F. E. THORNTON, M. D.

I can commend specific saw palmetto as a remedy for enlargement of the prostate gland. It is my practice to give fifteen drops three or four times a day until relief is obtained. This course has been satisfactory with me.

OVID S. LAWS, M. D.

COMMENT.—This condition is a common one, and quite commonly stubborn and intractable. I believe if the cases were studied, we would find a class of cases in which thuja was the best remedy, and another in which saw palmetto was more precisely indicated, and perhaps another class in which the two remedies might be combined with good results. In the progress of any of the cases with old men, there comes a time in which medicine is inoperative and when either electricity or removal of the glands are demanded. We must try to get closer to the exact condition in our study.

Mammary Tumors

For nonmalignant tumors of the female breast, especially those that are hard, sore, and somewhat painful, I have persisted in the use of phytolacca. I give five-drop doses every three hours without intermission, if the indications are as specified. I have succeeded in curing my cases by this method in from three to six weeks. The remedy, as we all know, is specifically indicated in glandular affections.

J. C. ANDREW, M. D.

For a man to conquer himself is the first and noblest of all victories.—*Plato*.

Ellingwood's Therapeutist

A monthly journal devoted to the study of the most direct action of drugs upon exact conditions of disease; issued on the 15th of each month.

Edited and published by FINLEY ELLINGWOOD, M. D., 100 State Street, Chicago.

Subscriptions, \$1.00 per year in advance and One Therapeutic Fact, which should be sent with the subscription.



WILL YOU DO YOUR PART?

Personal interest, persistence, patience, close observation of precise conditions; close attention to the smallest detail; exactness and finally individual co-operation are all terms that carry their full weight in this important scheme of ours in determining and perfecting an exact knowledge of drug action upon exact conditions of disease.

Hitherto, "We have only been gathering shells on the shore. The great ocean of therapeutic truth lies yet unexplored before us."

Never was this work so important as now. Never has the demand for these truths been so great. Never has there been such a universal searching after this knowledge. The occasion is ours. The opportunity is your own, doctor. Are you awake to the importance of it? Will you improve it? Will you do your part faithfully?

THE MEAT OF THE NUT

The following statement is made by Dr. Hawley in his *Bulletin of Animal Therapy* for May. "The notoriously scant attendance at medical society meetings, and the 'skimming' of medical journals is partly justified. The average medical paper could be cut one-half by eliminating useless verbiage, circumlocution, tautology, redundancy, and unnecessary bibliography, statistical details and axiomatic truths. As regards results, a majority of medical contributions are a waste, either of wind or space. A time limit on papers, and an intelligent, snappy editorial blue pencil, would doubtless popularize the two greatest means of post-graduate education."

This sentiment has been forced upon the practising physicians all over the country and they are universally looking for a medical journal that contains articles written in the

above style; practical, plain, devoid of flourishes. One that gets right at the subject, presents it in a sharp, clear manner and then drops it.

This is precisely what this medical journal has done from the very first. This character has made this journal exceedingly popular. It has immediately met the demand of every doctor. It hits the nail squarely on the head. That it is popular, I conclude from the splendid letters I am receiving from my subscribers everywhere.

This popularity I shall endeavor to sustain, and in this, I believe, I will ultimately secure very wide, perhaps universal co-operation.

THE PASSING OF SECTARIANISM IN MEDICINE

Certain it is that unrest, in the medical profession, was never so conspicuous, so dominant, as at the present time. Certain it is, that almost the entire unrest is due to the position taken by all schools, in therapeutics. Certain it is, that never in the history of medicine has there been such a universal demand for rational exact specific knowledge of drug action as now.

From the old school ranks, and from the homeopathic ranks, a great parade is made of a statement that this unrest will cause entire dissolution of sectarianism, and will cause party lines to be forever abolished, and will make all practitioners of the medical art, "Physicians" only.

In our own ranks there never was a time when there was so excellent an excuse for standing firmly together as now. At the same time, much of the above spirit of unrest has got into the school, and some of those who have been shut up in the consideration of their own individual interests, are claiming that it would be better if there was only one school.

Is it desirable that party lines should be abolished? I believe it to be true that the present recrudescence of the study of medicine and therapeutics is due more to persistent sectarian work than to any other one thing, and I know that sectarianism will do more to provoke the continuation of

this work than any other one thing. I am in favor of making the lines definite to distinguish those of the different classes.

The real distinguishing feature in all schools is in therapeutics. The three distinct schools have everything in common but therapeutics. All the new cults are exclusively therapeutic cults. This fact sets the study of therapeutics into a class by itself; but with Eclecticism and homeopathy, the total of the professional requirements, outside of therapeutics, are precisely the same as those of the old school. Each claims a definite line of study; at the same time Hahnemannian homeopaths call all others of their school "mixers," and judging from their literature and their methods the justice of the name can hardly be questioned. They are certainly a long way from the teaching of Hahnemann.

The principles of direct drug study and direct drug application laid out for us fifty years ago by Dr. John M. Scudder, was like a mustard seed; it has grown steadily, regularly and constantly, always in the same consistent rational lines; and this we are proud to say—and we say it without egotism—is the little leaven that has leavened the whole lump.

In 1885 the president of Rush Medical College, Chicago, said that the Eclectic system of practice possessed the method to which every successful physician must ultimately come; he said it was the natural, rational, consistent method. The truth of this has been proven again and again, and its character is confirmed by the steady, healthful, natural and satisfactory growth of the method. The truth in the method is further confirmed by the fact that it is the only therapeutic method to which all are now anxiously looking for light. It seems to me then, if all lines are less sharply drawn than ever before, that while the tendency to universalism in practice may be great enough to abolish sect lines in all things else, the *abolition of this therapeutic distinction* is at present undesirable.

Logically, then, there can be but two distinct sects; one of these would be one com-

prised of the total medical and surgical curriculum less the therapeutics; the other of the *total therapeutics* classed under one head, with distinct leading principles, and in this, *the principles of Eclecticism*, naturally, consistently, rationally, logically, stands *at the head*. This statement cannot be gainsaid. With our principles leading, and they, clearly outlined, definitely and concisely stated, every therapeutic method, measure or cult can be ultimately brought into line, tending toward an ultimate harmonious union of all consistent therapeutic methods.

It is impossible that any one therapeutic idea should cover the entire ground. If all of these are developed, fully and thoroughly studied until its exact place in the cure of disease is determined, and all are made to harmonize and to act together in the accomplishment of the total results while filling each its own place, we will find that we have made a marvelous advancement towards the perfection of an exact total system of therapeutics. If such a course as this could be agreed upon by all schools, and accepted by all as reasonable, the solution of the question of medical sects, and prejudice, dogmatism, selfish individual effort, and all unpleasant elements, that appear and exist because of school lines, would disappear, and a harmonious, universal, co-operation would be more nearly attained to, I think, than by any other course. By this course we would be accused of egotism at first, but as the truth lies in the channels we are following, the truth will ultimately dominate, and I think the result will be satisfactorily attained. It remains with us as individuals to see that the distinctive lines that have led us to the point we have now attained must be kept ever plainly marked, and must be even more fully developed in the future than in the past. Eclecticism for the world and the world in medicine for Eclecticism.

Self reverence, self knowledge, self control—these three alone lead life to sovereign power.

—Tennyson.

CLASSIFICATION IN EXACT DRUG STUDY

At the present time there is so much involved in the manner in which we study the specific action of drugs, and definite, precise, exact conditions of disease, that I am inclined to think that we should really lay out some more definite method of study, some systematic, thorough and comprehensive classification, first, of the disease conditions which must be carefully studied, and then, of the correctly determined action of each remedy. As for myself I by no means feel competent to make such a classification.

I believe that there are at least two ways in which a classification of indications could be made. In the first place we could gather together all indications, and arrange them, either alphabetically or otherwise, with reference to the organs or parts which they affect; or we could take each recognized symptom group, and arrange it in classified order, but this would then not clearly show the many conditions upon which we are forced to depend, as illustrated in the following table, which I have arranged for diphtheria; for instance; under first consequent indications we have varying temperature, quick pulse, depression, delirium, anorexia; but in that classification there is nothing to show whether the pulse is sharp, quick and hard as for aconite, or large, full and flowing as for veratrum; or small, feeble and irritable, as for cactus or digitalis. Consequently neither the condition of the skin, nor the exact condition of the tongue, nor the appearance of the eyes, or other minute but important specific indications are specified.

It will thus be seen that this classification can only be a general one, as very much indeed could be said about each condition here named. To be anywhere near perfect, then, this must be greatly enlarged upon. I make this classification as follows:

DIPHTHERIA

INDICATIONS PREMONITORY

Malaise
Nausea
Rigors

Headache
Constipation
Marked prostration

These depend upon the

BASIC CONDITION

Local septic germ development with a shen gray exudate } Proven by the presence of the Klebs-Loeffler bacillus

Following this basic condition are the

BASIC INDICATIONS

Pyrexia

Local hyperemia

FIRST CONSEQUENT INDICATION

Varying temperature

Quick pulse

Depression

Delirium

Anorexia

Pain

Swelling

Exudation

Dysphagia

Dyspnoea

Glandular enlargement

Engorgement

} Pyrexia

} Local Hyperemia

Then follow the

SEQUELAE

Anemia

Paralysis

Nephritis

{ Local

{ General

{ Suppression

{ Albuminuria

{ Dropsy

Heart complications

{ Muscular weakness

{ Valvular insufficiency

{ Dilatation

{ Inflammation

Prostration

{ General neurasthenia

{ Local chronic inflammation of nerve structure

As stated above, this will be only a general classification yet, but it will be that, to which the specific indications, definite and exact, can be applied. The character of these indications can be estimated for all remedies by those mentioned in the following classification which I have made of two of our conspicuous, plainly indicated remedies. Take for instance with which to illustrate this point:

ACONITE

First direct indications:

Small, sharp, hard, quick pulse

Flushed face

Chilliness

Dry skin

Dry mucous membranes

Deficient secretion

Second direct indication:

General muscular aching

Restlessness

Headache

Anorexia

Remote indications:

Pyrexia, mild or severe, regular or irregular, sthenic in type with sharp, hard, quick, small pulse

BELLADONNA*First direct indication:*

Local congestion
Engorged cerebral capillary circulation
Hypersecretion
Rigors

Second direct indication:

Intellectual torpor
Stupidity
Dull eyes
Dilated pupils
Drowsiness

I think this will be enough to show us a definite outline for the study of each remedy. When we have taken all of our remedies and arranged them with reference to a classification something like the above, but perhaps more complete, we will soon after be able to reclassify them, and arrange them with others, with reference to their adaptation to the specific indications found in the classification of disease. For instance, we take the quick pulse and arrange in down groups all the remedies that would affect it. Aconite if sharp, veratrum if full, gelsemium if irritable. Then for local congestion we can arrange the remedies that will correct this condition. First direct, belladonna; second, ergot, gelsemium and cimicifuga. Then for intestinal anti-sepsis we have a splendid collection. I can name echinacea, baptisia, phytolacca, charcoal, peroxide of hydrogen and the sulphocarbolates.

Many diseases depend upon a septic condition of the intestinal canal, and are peremptorily abbreviated when treated with this class of remedies. Of these we will soon have a choice, and will learn which are the best adapted to the condition under consideration.

Studied in this systematic manner I think drug study will soon offer superior attractions. And such a method should appeal to all, and should be of immense service in clearing up obscure and undetermined points in this important study.

In the classification of the indications of the symptom group present in typhoid fever, we have a most interesting study.

I have made the following classification, which, however, is open to criticism:

INDICATIONS PREMONITORY

Malaise
Insomnia
Epistaxis
Headache (anterior)
General nervousness
Chilliness—rigors
Irregularity of the bowels
Anorexia
Deafness
Occipital headache

BASIC LESIONS

Local septic germ development (typhoid bacillus)
Hyperemia of the lymphatic follicles
Ulceration of Payer's patches
Sloughing

BASIC INDICATIONS

Fever	{	Remittent
	{	Persistent
	{	Large or small
Pulse	{	Sharp
	{	Quick
	{	Hard or soft

Diarrhea
Abdominal tenderness

FIRST CONSEQUENT INDICATIONS

Mild delirium
Gastric atonicity
Dry brown tongue
Dark mucous membranes
Renal torpidity
Dry skin
Tympanites
Gurgling

SECOND CONSEQUENT AND ULTIMATE INDICATION

Hiccough
Hemorrhage
Muttering delirium
Coma
Subsultus tendinum
Feeble, rapid pulse
Collapse

SEQUELAE

replacing ultimate indications as distinct symptom-groups subject to re-analysis:

Peritonitis	Carditis
Pneumonitis	Endocarditis
Bronchitis	Pericarditis
Pleuritis	Splenitis
Phlebitis	Nephritis
Periostitis	Meningitis
Parotitis	Paralysis
Icterus	Chorea

If we treated every symptom of disease as an indication, without regard to etiological influences; if as writers in the homeopathic school have said, we treat symptoms and care nothing what the cause is, we would have a multitude of remedies to prescribe in this case. We consider first the basic condition and the basic indications alone,

three important indications. To destroy the germ and stop its development first, and while we are doing this to prevent the development of first consequent, from basic indications.

If we had a rigidly classified list of our remedies now to draw from, we would select the directest intestinal antiseptic. This we believe to be echinacea or the sulphocarbolates, and as auxiliary to this we would flush the bowels with a hot solution of the peroxide of hydrogen. We would hold the fever in check with the indicated direct remedy. If the pulse was hard, small and quick, with dry, hot skin, it would be aconite while these indications were present. If large, round and full, with fulness of tissues, it would be veratrum. If there was nervous excitability, with contracted pupils and bright eyes, it would be gelsemium. We would thus delay, retard, or prevent the indications directly consequent to the fever—a long train.

For the diarrhea we would start in very promptly with the arsenite of copper, if the bowel movements were large and watery with colicky pains; and when these indications for this remedy were no longer present, would give turpentine when indicated and an astringent if necessary. At that time in the day when the temperature is the lowest, it is often wise to give one dose of quinine, especially when the temperature is inclined to be lower each consecutive day.

Unless the typhoid bacillus is at once destroyed, before its influences have produced local and constitutional changes, the first consequent indications will appear and demand treatment.

Retaining all possible influence over the temperature by direct sedatives and cold sponging, those symptoms of this class which will exercise the widest detrimental influence, or which point to changes which retard important functional operations, or in which there are evidences of functional activity, must receive first attention. Deficient secretion has in this for direct evi-

dences. The action of the stomach must be kept in a normal condition, and absorption—assimilation—must be encouraged.

It is not necessary to enumerate here the single direct remedies we have access to which will promptly meet the indications of this class, so promptly that when our practitioners have treated the case from the first but few of them ever see the second consequent indications, and ultimate indications, or sequelæ, in less than five per cent of the cases.

Those separate groups of symptoms—distinct diseases with their characteristic symptoms, which follow as the sequel of typhoid, must be analyzed, classified and treated directly in the same systematic manner that the original symptom-group has been treated.

It will at once be seen in such a classification as this by an experienced observer, one who is perfectly familiar with direct drug action, that sometimes the direct agent used to correct a prominent indication will relieve, either directly or by its influence on the primary condition, one, two, or even three more other indications of less importance. This fact is the argument in favor of the thorough, persistent and unremitting study of each single direct remedy, that all its side influences may be as well known. A single remedy will thus often cover a long train of symptoms in a most satisfactory manner.

In another article I shall go much more deeply and more exactly into this study.

THE STATE SOCIETY AND DRUG STUDY

The Eclectic Medical Society of the State of Illinois held a joint meeting on May 20 and 21 with the Missouri State Society at East St. Louis. The meeting was so conducted that almost the entire time was devoted to the reading and discussion of papers. The session was a very profitable one to both societies. No time was allowed to go to waste. The discussions were conducted in an exceedingly practical manner; in a manner calculated to bring out the facts that are most needed.

An important feature of the Illinois meeting was the appointment of carefully selected committees of three, each of which were instructed to take a single remedy that was assigned to it, and to make a thorough collective study of that remedy, obtaining every possible known fact; to put these facts together in an orderly manner, and to make a report on each at the next session.

I think it would have been better to have had the reports prepared as quickly as possible, something after the method of the Kentucky Drug Study Club, and to have them reported to, and published in, our various medical journals during the year. The publishing of these reports would bring out additional facts which, by the time of the next year's meeting, would have made a more complete report. These drug study clubs, committees, or societies, should now be formed in all localities. We must continue and complete our work, we must bring it up to the highest possible stage of perfection. This is the only way possible for us to retain the distinction we have attained to.

BENNETT CENTRAL COLLEGE

Bennett Medical College, which for many years has been the representative of Eclectic principles in the northwest, has come out openly as a Regular Medical School. Two years ago the entire stock of the college was purchased by Dr. Robertson. He thought he saw possibilities for the school and success in putting it on a par with other regular colleges, and he has recently so placed it. It is his intention, at least for the present, to have the chairs of Therapeutics and the Practice of Medicine taught strictly by Eclectic teachers.

The defection of this institution will come as a blow to many members of the large Alumni who have been proud in the past of the principles of the institution, and proud that they were graduates of that institution. But all things change. What the future will bring forth we never can know. One thing cannot change, that is the fact that the principles, exact, con-

sistent and reliable, and the method of practice that we have learned in the past from Bennett, will go on and establish themselves more and more firmly each year, because of the inherent *truth* which they contain.

ECHINACEA IN HEMORRHOIDS

Dr. Palmer of Beardstown, Ill., says he has obtained most excellent immediate results in hemorrhoids, especially those somewhat acute in character, and very painful, from the external use of equal parts of glycerine and echinacea. The anesthetic effect of the Echinacea is so apparent in these cases that the patient insists on having the remedy at hand for future relief.

It seems to me that my old formula of col-linsonia and hamamelis, equal parts, fifteen or twenty drops given internally every two hours, with Dr. Palmer's external application, would prove a most valuable method of treatment for these cases. I hope some one other than myself will try it and report.

LIBRADOL IN RHUS POISONING

In the treatment of rhus poisoning several of our physicians have obtained excellent results by applying libradol over the entire poisoned surface for a short time. If the surface is large, care must be exercised, and the poultice must not be allowed to remain on too long. A number of physicians have used libradol as they would anti-phlogistine or other glycerine poultices in the treatment of lung fever, and by so doing and neglecting to remove it, they have produced serious toxic symptoms. Great care must be exercised in this disease with the use of this poultice as it is exceedingly active. Other physicians take any one of the ordinary glycerine poultices and mix them, equal parts with libradol, and obtain excellent results, enabling them to leave the poultice on much longer. There are still others who spread the ordinary glycerine poultice on to a piece of muslin and cover it freely with the compound lobelia powder of King's Dispensatory. This they claim produces equally good results, when applied, with no danger whatever.

Dr. Smith of Mount Carmel, Ill., uses an old fashioned formula with which he treats diarrhoea; cholera morbus and violent disorders of this kind in adults, which is as follows: Sub-nitrate of bismuth, willow charcoal and the diaphoretic powder of King's dispensatory, of each, equal parts. Give from three to five grains at a dose, repeating it sufficiently often until an effect is apparent. This sometimes also controls the violent vomiting of these cases.

CITRIC ACID

Citric acid has been used in the treatment of certain forms of difficult breathing with excellent results. The exact symptoms pointing out precisely what form of difficult breathing the remedy is indicated in has not been stated.

A small crystal of the acid should be placed on the tongue and slowly dissolved. This in correctly indicated cases is said to give immediate relief. It is a simple thing to try, and those who try it should report to this journal.

COCILLANA

Among a number of remedies from South America which were brought to the United States and introduced by Parke, Davis & Co., about twenty years ago, was the above remedy. I was much interested in that class of remedies at that time and paid considerable attention to a number of them, among which were pichi, kavakava, lippia Mex., and checken. The above named remedy has been slowly proved to be of some value in the treatment of respiratory difficulties. The principal influence of the remedy seems to be upon the mucous membrane of the respiratory tract, although like lobelia, ipecac and blood root it has an active emetocathartic effect. It has been compared with ipecac in its influence, although its field is certainly a different one.

This remedy has been used principally in bronchitis. In the treatment of chronic cases it is especially valuable. It relieves the cough, improves the secretion of mucus, causing it to be more watery, and soon

expelled. In many cases it has been very satisfactory in relieving the cough which has been present for a long time. The reports of the cases showed that it has exercised a restraining influence also upon the fever. Those cases in which the cough was dry, in which there was but a small quantity of mucus, it has shown its influence more quickly. It is probably in the sub-acute and chronic cases that it exercises best results.

It has also been used satisfactorily in acute catarrh where the mucous membranes are dry and in spasmodic croup in deficient secretion. In the cough of measles, influenza, asthma and hay fever, where the mucous membranes are dry, it has accomplished good results. It has had an excellent effect on the cough of tuberculosis.

The remedy is given in the form of a fluid extract of which from 5 to 10 minims is the ordinary dose.

THERAPEUTIC ACTION OF POTASSIUM BITARTRATE

Eichhorst calls attention to the remarkable efficacy of potassium bitartrate in promoting diuresis. Its influence is only gradually displayed, but it is lasting. He gives it as a routine measure in pleurisy with effusion, but its most striking effect is shown in ascites with cirrhosis of the liver. He reports three severe cases to show the remarkable efficacy of this treatment after failure of other measures. In case of ascites he first excludes tuberculosis, then has the abdomen rubbed with green soap and puts the patient on a light diet with three pints of milk a day, and orders:

R̄

Decocti althea radicis ozs. xii

Potassii bitartratis oz. ss

Syrupi simplicis drs. v

The dose is half of an ounce every two hours, thoroughly shaking the bottle each time. This medication was kept up for four months in one of the cases described and with great benefit. The patients with advanced cirrhosis of the liver lose the ascites, get a good color and appetite, with

normal bowel functioning, and gain in strength so that they feel well and hearty. Eichhorst's experience with operative treatment of these cases and with other drugs has been disappointing. Sakaki in Japan uses the bitartrate in much higher dosage. The benefit with Eichhorst's dosage comes on so gradually that one must not be discouraged at first; after a few days the action of the drug is abundantly evident.

CHIMAPHILA

This is a remedy that was highly prized by the older Eclectics. It has not received much attention from the younger members. It deserves, however, much attention, because of certain properties it contains, which are valuable. It was originally given in atonic and debilitated states of the genito-urinary organs. It seems to have a direct action upon the kidneys, and strengthens the eliminative functions of these organs. It is given in catarrh of the bladder, where the urine is offensive, or is loaded with mucus, or where there is pus or blood, and in chronic affections of the kidneys, where this condition will be found to be present. It is advised that we do not make an infusion, as it does not impart its virtues to boiling water. It was given in chronic prostatic irritation and in irritation of the bladder, but its principal and important use seems to be where there is a dyscrasia and in scrofulous conditions, and also in diseases of the glandular system, especially of the lymphatic glands.

When I visited the New York State Society three years ago I listened to a paper by Dr. Fox, on the action of chimaphila in diseases of the glands, especially presenting his observations of its influence in the bubonic disease. He afterwards wrote me a letter, which embodies the following facts concerning its action, which he had observed in forty years of practice. He says it is of great value in leucorrhœa and in diseases wherever there is an excessive outpour of mucus. He gives it also in cholera infantum, where the abdomen seems to be filled with nodules. He says that if taken too long by females it

will have a tendency to reduce the size of the mammary glands, and in males it will reduce the size of the testicles. It does not cause derangement of the stomach or produce diuresis. He depends largely upon it for its influence upon glandular diseases.

Whenever any glands are enlarged or inflamed, either in the chronic or acute form, he believes this remedy is superior to any other remedy we have. He gives it in preference to phytolacca. Conditions are especially favorable to it when one is trying to determine whether an enlarged gland may not be an incipient tumor. He gives it in the treatment of bubo and in otitis and in mastitis, with very excellent results. When the glands of the skin are affected, it is especially excellent.

Rhus tox is indicated where there is intense redness of local areas, with active inflammation of the integument, and superficial tissues. It is a specific remedy in acute erysipelas.

MORE CONCERNING THE TONGUE AS A CLINICAL GUIDE

The dryness or moisture of the tongue denotes the extent of the disease of the intestines, and will point us in that direction.

A fissured tongue points to the kidneys, either an inflammation or something wrong with secretion.

Yellow coatings are usually associated with morbid liver, and want of biliary secretions, and would indicate mild hepatics and tonics.

Raised papillæ, bright red, denote irritation of the ganglionic nerves and irritation of the stomach, especially mucous coating. Show exhaustion; no digestion, and need rest; nux vomica twenty drops, and the food to be warm and taken in small quantities. Bismuth and pepsin after food.

A broad pallid tongue, with a loaded base, says atony and excessive acidity, and refers you to a want of action of the entire viscera below. The remedial agents would be alkaline agents and tonics, especially those mild but effectual in character.

A shrunken tongue, pinched in expression, indicates functional inactivity of digestion, and requires great care in choice of food as well as quantity. In this condition of tongue we have atony also. It is the tongue of advanced fevers, inflammations of the mucous membranes, and want of assimilation, hence great caution both of remedies and food. Here we must not use cathartics. Mild aperients also may generally be carefully used.

A contracted, pointed tongue, with dryness and dark fur, is the usual tongue of the typhoid fever and other low grades of fever, when all thinking minds would use great care in the treatment and food.

Broad, thick tongue, papillæ not visible, but looking raw, denotes a septic condition of the blood, and favors typhoid fever. Indicates, if deep red, sulphuric acid; and if pale, sulphite of soda. Liquid food, sipped warm, in small quantities.

Deep dark red tongue and dark coating always indicates a septic condition of blood.

Shades of dark brown and black denote a typhoid or septic condition.

Pale, dirty fur on the tongue denotes acidity and a septic condition of the system indicates sulphite of soda; but if the membranes are deep red, sulphuric acid will be admissible, because it would show an alkaline condition of blood.

A contracted tongue, pointed, with inability to hold it still, and drawn to one side of mouth, denotes trouble with the nerves, and perhaps the brain. Requires great care and study of condition.

Dry tongue always denotes feverishness or inflammatory condition, affection of the nerve-centers of ganglia.

Thick tongue, and curved edges upward, denotes atony of the nerve centers of the ganglia, requiring stimulants, nux vomica or strychnine and quinine.

Pointed, narrow tongue is the tongue of sluggish condition of digestion and assimilation and congestion, especially of the base of the brain. Restlessness and constant change of position are usually present.

ITEMS

In lithæmia, lithia in some of its soluble salts is desirable; other specific indications being promptly met by the indicated remedy.

In dyspnoea from heart troubles and also from causes obscure—not quickly determined, quebracho in doses of from ten to twenty minims of the fluid extract will often give immediate relief.

In diffused muscular soreness from traumatic causes, or from over-exertion, in soreness of the mammary glands or testicles, let the distilled extract of witch hazel (*hamamelis*) be applied warm very freely.

In violent, acute, excitable mania from whatever cause, in the violent excitable forms of typhoid delirium, give hyoscyamus in minute doses, or granules of hyoscyamine, the dose frequently repeated until the effects are observed.

Sodium phosphate is a specific remedy when the stools passed are whitish or clay colored, and when there is a tendency to yellowness of the skin, and of the conjunctiva. It will also increase the secretion of urine, and aids the elimination of the bile.

In low muttering delirium with great stupor, or apparent coma, with dilated pupils and a tendency to cool skin, belladonna is indicated. If there is fullness of cerebral circulation ergot is specific. Six or eight drops every hour or two will produce prompt results.

Morphine, while given to control pain in adults, is not needed in infancy. Bryonia will control acute pain in the peritoneum and pleura; hyoscyamus will produce quiet and sleep; gelsemium and passiflora will control spasms; colocynth in minute doses will cure spasmodic colic; chamomilla will control bowel pains with green discharges; hydrangea will control pain in passing water. Warm applications are always indicated in the pains of infants.

Cleanings

UTERINE DISPLACEMENTS AND HOW TO MANAGE THEM

BY MARCUS ROSENWASSER, M. D.

Uterine displacements are found in at least one-third of the cases that come for gynecological treatment. They do not always constitute the chief disorder, but are frequently subordinate to other conditions, as pelvic inflammation, tumors, lacerations. Upward, lateral and quite a proportion of posterior displacements are due to peritoneal causes, which constitute the real disease; while downward, and many posterior displacements are largely due to lacerations. It would be of interest to consider the causes of the various displacements as directly bearing on their management, but time will not permit, nor would I presume to exhaust your patience.

CLASSIFICATION AND PRINCIPLES.—Pelvic inflammation, hemorrhage into the pelvis and pelvic tumors generally, cause displacements of the womb. These displacements are secondary to the existing condition, hence require no management, as such. Any forced effort to correct such malposition is not only of no benefit, but may be followed by results far worse than the original disease. We must, therefore, draw the line in the treatment of displacements between those primarily constituting a diseased state and those secondary to other concurrent pelvic diseases. The womb, under the latter conditions, is more or less limited in its physiologic movements; it is a *fixed* womb.

The division of uterine displacements into those which are *fixed* and those which are *movable* has, therefore, a practical basis.

When the *movable* womb is displaced, the organ may be otherwise healthy, and the remaining pelvic viscera may be normal. We call this a *single* displacement.

More often the mobile womb is not only displaced, but also either itself diseased, or its supports are relaxed above, or lacerated

below; these complications of a displaced, movable womb constitute a *complicated* displacement.

Although *simple* displacement may not at first cause any symptoms, I regard its correction as a necessary prophylactic measure. Torsion of the broad ligament, which carries the vascular and nerve supply to the uterus and its appendages, must, in time, lead to congestion, infection, increase in weight and further displacement, converting a simple displacement into a complicated one.

Excepting prolapsus, all *complicated* displacements can be transformed into simple ones by first performing the operation needed for the removal of the diseased endometrium, for the repair or the removal of the cervix, and the repair of the vaginal tube. When thus converted, they become subject to the same treatment. Prolapsus, or downward displacement in its minor degrees, may be relieved, but can not be cured by mechanical means. To effect a cure, a suspension or fixation operation must supplement the vaginal plastic work. The same is true with procidentia. Operations for the latter so frequently prove ultimate failures, that I exhaust all efforts for relief by mechanical support before resorting to surgery.

The *fixed* uteri are, almost without exception, secondary to conditions that require opening of the peritoneal cavity, and are, therefore, to be treated as problems by themselves, each according to the conditions prevailing in the pelvis. Treatment by massage and tampon, and final support by pessary may be successful in a few isolated cases. Gestation may occasionally effect absorption of adhesions, and result in cure.

MANAGEMENT.—In the management of uterine displacements our patients, can therefore, be grouped into three classes, namely: Cases requiring preliminary minor operations, followed by support, and cases requiring a major operation involving a risk to life, or to the integrity of the abdominal wall.

Although, I believe one-third of the abdominal operations at present done for

uterine displacement are unnecessary, yet I have no quarrel with those who discard mechanical supports and treat every displacement by suspension or by shortening of the round ligaments. I have a personal repugnance to placing life in jeopardy, however slight the risk, when an absolutely safe though slower method may bring about equally good results.

Replacement and mechanical support, aided by minor operations when necessary, constitute my treatment for all mobile displacements. The operation of suspension, or of shortening the round ligaments, is limited to those cases only in which the means mentioned have failed to cure, and to cases complicated by prolapsus. In cases requiring major operative intervention for other causes, shortening or suspension constitute merely complementary aids in the intrapelvic technique.

METHOD.—As a rule the examination is made within the two weeks intervening between the week preceding and the week following the menstrual period. The bowels have been moved by a cathartic taken the night before, and the rectum flushed by an enema on the morning of the appointment. The bladder is empty. The patient is placed in the lithotomy position.

After inspection of the vulva the patient is requested to strain forcibly; any relaxation of either vaginal wall is thus revealed; the finger introduced into the vagina discovers the degree of uterine prolapse. The condition and position of the vaginal portion of the cervix are next noted. The position and mobility of the fundus are then determined, and lastly the relative position of the appendages and of any abnormal contents of the pelvis. These examinations may be further controlled and a differential diagnosis facilitated by the rectal touch. Virgins, nervous or fleshy women, or those suffering with chronic peritonitis, may require an anesthetic before a diagnosis can be made.

Before deciding upon a course of procedure the previous history, the general health and the condition of other organs

outside of the pelvis are carefully considered. Is there any causal relation between the present complaint and the pelvic lesion? May not some other (possibly incurable) disease render treatment of the pelvic trouble practically nugatory? Only when the relative importance of the displacement has been established does its correction become the object of treatment.

Forward displacements of sufficient gravity to require treatment are comparatively rare. I have seen but few cases of anteversion in which the bladder symptoms were relieved by an anteversion pessary. Temporary relief pending other treatment is all that can be expected. The womb is normally in slight ante flexion; only aggravated cases with marked angle between neck and body require attention. Even among cases of this class I select for correction only those which offer more or less obstruction to free drainage of the cavity; this is made evident by the difficulty of sounding and the acute sensitiveness of the canal. Dilatation and curettement give relief for a few months. I have discarded the use of the stem pessary, as it has not been attended by better results. Pregnancy offers the best prospect of cure.

Inasmuch as we are consulted by single women for dysmenorrhea, and by young married women for sterility, ante flexion causing both painful menstruation and sterility, my advice to single women is to get married, and to married women who are sterile to try to become pregnant as soon as possible after curettement; otherwise the condition is likely to recur. In the case of a single woman who was not improved by curettage, a permanent cure was effected after tedious and painful treatment by galvanic electricity, using the negative intrauterine electrode. This was eleven years ago at the time of the electric fad. The girl has been recently married; it will be of interest to know whether the caustic effect of the electrode has destroyed the mucous membrane extensively enough to prevent pregnancy.

Ante flexions in which the womb as a whole is displaced backward, so-called

"*retrodisplaced antelexion*," better *retracted antelexion*, are due to shortened sacral ligaments; if not benefited by dilatation or curettage they can be corrected by intrapelvic surgery. *Retracted antelexion*, as well as *lateroflexion*, limits the physiologic movements of the womb, hence both these conditions are to be managed according to the principles laid down for the treatment of fixed womb.

There are but few *simple posterior* displacements that can not be at least symptomatically cured by reposition and pessary. Reposition is accomplished by bimanual manipulation; when this can not be done, the sound is used as an aid. "It is introduced through the speculum and held in place by the right hand, while the speculum is being removed over it with the left. The left index finger is then placed into the posterior vault, pushing the fundus upward, while the handle of the sound is being depressed. The vaginal finger thus guards against injury and facilitates the replacement."

"The purpose of the pessary is to elongate the relaxed vagina by lifting the posterior vault, which, in turn, draws back and holds the cervix in its normal position. Made of hard rubber or celluloid, moulded to fit and worn under supervision, it is clean and safe. The pessaries, as manufactured, are too short in proportion to their width and sharp pelvic curve. More length, less width and more gentle curve are needed. The patient does not realize the presence of a well-fitting pessary in the vagina, and can continue wearing it for years with perfect comfort. It does not interfere with sexual relations, nor with conception; it causes no dystocia. The time required for cure varies from one month to several years. A daily alkaline douche and removal once in three months, or sooner, on complaint, constitute the necessary care and supervision. In case of pregnancy, the pessary is removed between the fourth and fifth months." ("The Mechanical Treatment of Retrodeviation

The *complications of backward displacements* are, usually, alone or combined: endometritis, subinvolution, cervical and per-

ineal lacerations and prolapse of ovaries. Curettage and repair of the various injuries tend to reduce the weight and size of the womb; reposition and support may ultimately restore elasticity of the ligaments, and aid the ovaries in regaining their normal position.

It is for this reason that I am opposed to the simultaneous repair of the pelvic floor and shortening of the ligaments or fixation of the uterus by whatever method. I postpone and limit peritoneal invasion to the few cases that do not, in time, improve after the treatment here outlined. But these minor operations supplemented by a support, are not sufficient when descent complicates posterior displacement. There is then no prospect of restoration of the elasticity of the ligaments, and hence no possibility of ultimate cure by pessary. Under these circumstances a simultaneous suspension operation is clearly indicated.

Downward displacements, complicated by descent of the anterior vaginal wall or of the bladder, still furnish a large percentage of failures, despite the variety of ingenious operations devised to cure them. Whenever I can find a Gehring pessary to fit, and to be borne with comfort, I prefer it to operation. It is more difficult to insert than a retroversion pessary, and must be more closely watched. Its fixed points resting against the sides of the pelvis, there is more danger of causing ulceration. Until I have become acquainted with the local effect of this pessary an examination is made once a month. We are still waiting for some one to devise a better method for the cure of *procidentia* than those hitherto known; each of which has been successful in a single case, or in a group of isolated cases, but none of which have been found universally applicable when proved by the test of time.

Now, a final word as to choice of suspension operation. Shortening of the round ligaments by the Alexander method has been advised for simple retroversion only. With hardly an exception I treat this class of cases by mechanical support. Considering the fact that in performing the Alexander opera-

tion the round ligaments may be found weak, that there is a greater possibility of wound infection, resulting in failure of the operation and subsequent development of hernia, I formerly did the utero-suspension operation of Kelly.

Since the publication by Tod Gilliam of his "round ligament ventro-suspension," I have found his method both theoretically and practically more satisfactory. The operation is done in all cases of movable womb in which mechanical support has been carefully tried and found insufficient, or impractical; also simultaneously with the vaginal operations for descent of the womb, especially previous to the menopause.

The particular method adopted when the womb is *fixed* depends upon the conditions present in the pelvis; whether these consist of adhesions only, or whether there are diseased viscera, or neoplasms. Whenever the broad ligament is left intact, the Gilliam operation is done. When portions of the broad ligament have been excised, the union of the lateral raw surface of the broad ligament to the corresponding surfaces at the sides of the womb will hold the womb forward without disturbing the round ligaments. When the womb has been amputated, the stumps of the broad ligament are united with the stump of the uterus, thus lifting the vaginal vault to and securing it at a higher level.

In deep, red, thin tongue, with brown coat, give dilute hydrochloric acid.

In general atony with dyspnea, feeble digestion and scanty urine, potass. nitrate is the remedy.

In uterine displacement from subinvolution, flabby relaxed tissue, give *senecio aureus*, two drops five or six times daily.

Give a hot infusion of capsicum for persistent hiccup. Boneset in hot infusion is sometimes more effectual.

Twenty grains of salicylate of sodium, repeated in two hours, will almost immediately relieve the headache and distressing

symptoms of fulness in the head from acute coryza, and is just as specific in acute supra-orbital pain, whether neuralgic or from cold. Also in neuralgic toothache.

For the regurgitation of food common to nervous and hysterical women, give ten drops of the fluid extract of boneset every two or three hours, until relieved.

In nephritis, following scarlet fever, *santonin*, one-half grain every two hours, alternated with one or two drops of tincture of belladonna, will soon restore the normal quantity of urine and the albumen will rapidly disappear.

In collapse, especially following cholera, or a severe attack of cholera morbus, or prostrating diarrhea, prepare a saturated solution of gum camphor in absolute alcohol, and give ten drops on sugar every half hour until perfect reaction is secured.

Twenty drops of fluid extract of *hydrangea*, in a two-ounce mixture, a teaspoonful often repeated, will quickly stop the sharp cutting pain in the passing of water, which often follows labor, and will relieve the same conditions in any case where there is no actual inflammation.

Give thirty drops of fluid extract of *polygonum punctatum*, in hot water, four times daily in amenorrhea, for a week prior to the time for the appearance of the menses, and it will produce good results, if the patient is well nourished, and is afflicted with no other prostrating disease.

In pruritis pudendi, where the parts are dry and hot, the oil of cade, thoroughly applied once or twice daily, is the remedy. If the itching is caused by an acrid leucorhea, use an injection of fluid hydrastis, and apply to the parts a solution of borate of sodium which contains a few drops of the oil of peppermint. If the parts are actively inflamed and swollen enjoin quiet and have hot fomentations applied, followed by a solution of borate of sodium twenty grains, and morphia sulphate one grain to the ounce of water.

With very few exceptions the remedial discoveries of the last century have not come from the M. D.'s. The explanation that the physician competent for therapeutic research is too busy with practice, is lame. The inducement of adequate practical reward for such labor and its attendant sacrifice would advance therapy more in ten years than it has advanced in the last hundred.—*Bulletin of Animal Ther.*

The practised creed of the average 'og eminent internalist: To diagnose much, to theorize much, to charge much, to treat little—and let nature do the rest. Good old Nature!

A most valuable auxiliary in the treatment of low forms of fever are the fruit juices. Among these Welch's grape juice clearly takes precedence. It stands very high with those who are familiar with it.

I take great pleasure in recommending Dr. MacCoy's American Training School for Nurses. This institution is especially adapted to the needs of the physician himself, and every physician should show his appreciation of this adaptation by writing to Dr. MacCoy for full particulars.

A most valuable antiseptic compound is Listerine. This substance has established a reputation which has forced the committee on pharmacy to substitute it in the National Formulary.

For its special adaptation to disease of the nose and throat Glyco-Thymoline has no peer. It is in constant use by the best specialists, and its popularity is constantly increasing.

I take pleasure in recommending Dr. Hirschfeld's Sanatorium for the treatment of nervous and other chronic diseases. This sanatorium is finely equipped. I am personally acquainted with the doctor, and know him to be very conscientious in the treatment of his patients.

If that long deferred renaissance of therapeutic zeal in medicine is much longer delayed all of the learned professions will be engaged in therapeutics. We now have ministers (othodox and otherwise), electricians, chemists, mechanics, psychics! No lawyers yet—but be patient.

—*Bulletin of Animal Ther.*

One of our best known physicians, Dr. Bishop McMillan, has for many years been conducting a sanitarium for nervous and mental diseases, at Shepard, Ohio, a suburb of Columbus. I take pleasure in recommending his Sanitarium.

Protonuclein is adapted by its peculiar, nourishing properties to the treatment of cancer of the stomach. It has won an excellent reputation as a nutrient during the past fifteen years.

Dr. Abbott's preparations have become standard. The Abbott alkaloids are asked for now in every corner of the globe. His special preparations are equally popular.

Peacock Bromides combine efficiency and uniformity. They produce a minimum of bromidism with the maximum sedative bromide effect.

Nearly every physician finds a time when he wants a trustworthy home with no stigma where he can send an expectant mother. Such a place the Anna Ross Sanatorium claims to be.

ERRATA

In the April THERAPEUTIST, Vol. 3, No. 4, page 134, an error has crept into the article on "Typhoid Fever," by Dr. J. H. Rosenberg. In the third paragraph, instead of one dram of the hydrochloric acid, read one drop of the acid to the half glass of water. The acid being the concentrated U. S. P.

In the fourth paragraph, second sentence, read, "This sponge bath," etc.

Ellingwood's Therapist

A MONTHLY JOURNAL OF DIRECT THERAPEUTICS

VOL. III

JULY 15, 1909

No. 7

Leading Articles

MECHANICAL THERAPEUTICS*

By W. E. KINNETT, M. D., PEORIA, ILL.

You will notice by the title of this paper that I have given myself lee-way enough to cover the whole scope of this department, for I have appropriated the name in full. What I shall say in regard to this subject will not be so much a treatment of the many forms of mechanical therapeutics as it will be a plea for a better study of the same.

I have often wondered why the profession generally are so loath in taking up mechanical therapy and applying it for the relief of the sick.

We find almost to a man our best medical therapeutists decrying every other plan of treating the sick, and are ready and willing to rise up and shout "quack" as loudly as our old time brethren used to shout it at us, and many of *them* have not recovered from that diseased condition of their "gray matter," even in this progressive age.

The progressive man, who equips his office with any mechanical apparatus such as the static machine, coil, wall plate, therapeutic lamp, vibrator, hot air apparatus, electric cabinets, the different inhalatoria or any of the other many appliances, is branded as a "crank" or one who has lost confidence in the use of medicines.

The exclusive medical man is usually ready to proclaim that everything curable

can be cured by medicine. So it is with the electrician who thinks that all ailments are produced by a disturbance of the electro-vital fluid of the body, and that the use of electricity is the *sine qua non* for every diseased condition.

Just so with the osteopath who denounces all medicines and claims that their system is the only system that God in His Allwise Providence ever intended to be used for relief of suffering. And so it goes with every school and cult known to mankind, when the fact is they are all bigots of the worst sort.

We are all too prone to follow, some of us blindly, the teachings of those who have gone before, in our several methods of cure. The trouble is, we cherish this sentiment as if it were the mark of superior intellect, when in fact it is a symptom of degeneracy. We create our own environment. The great men who have succeeded in retaining their powers have been those who have surrounded themselves with their equals and have invited criticism.

There is no one method of treating the sick that is universally successful. It takes the main tent and all the side shows to make a complete circus. So it is in the treatment of the sick. Medicine may be likened to the main tent and all others as the side

*Read at Illinois State Meeting Eclectic Med. Society.

shows, and this can not be complete without the side shows any more than can the circus.

The man, who today uses only medicines in the treatment of the sick is a back number, a drone, if you please, in the great work of the physician.

Many of us who are using and have been using mechanical therapeutics for many years, with astonishing results in many cases, can testify to its wonderful help in times of gloom and perplexity.

We, as a school, are prone to think that we are better therapists than our old school brethren, and I believe this is true. And if so, why? Because we study the therapeutic action of remedies in diseased conditions of the human body, and what little therapeutic knowledge many of our opponents get is by administering medicines to rats, cats, mice, frogs, Guinea pigs, dogs, and other of the lower animals. We do not believe that this kind of therapeutic knowledge is worth much in the treatment of the sick human animal.

Who of us would think of prescribing aconite, gelsemium, rhus, quinine, or any other drug without first making a special study as to its indications and contraindications? But how is it about mechanical therapeutics? Are we as particular about it as we are about drugs? Not by any means. We are either too ignorant, too careless, or too lazy to put any study on this branch of therapy.

If we decide to try any of the many forms of it, perhaps it is from a chance reading of an article written by some mechanical therapeutic enthusiast, and from his vivid description or his description of some clinical cases, we determine at once to imitate his success. If the article in question be on the treatment of stricture of the male urethra, we get a battery of some sort, whether it be a small hand battery or a wall plate, and think now that we are equipped for any case.

In this fashion we await our victim. Here he comes. We say to him: We can cure you. We have an instrument that

beats all drugs. It is a sure cure. The doctor has not made any special study of the use of galvanism and its effect on human tissue or the different effects of the positive and negative poles. So he commences to treat the patient by inserting a urethral electrode with the positive pole attached and he finds great difficulty in introducing the electrode; and if he succeeds in introducing it, he cauterizes the mucous membrane and makes the patient worse; or he introduces the electrode with the negative pole attached and has too much current and produces the same or similar results as before, and instead of relieving he increases the trouble.

Now comes the usual cry, "I don't think much of electricity in the treatment of stricture, for I tried it and my patient got worse." About this same performance is gone through with in the other forms of mechanical therapy.

Would any of us act so exceedingly foolish about the administration of drugs? I am sure that we would not, for if we did we would have the same idea of drugs as our old school neighbors, and would fail in their use as they do, and would utter the same cry of failure that they do and the same cry of failure that the mechanical therapist who does not make the proper study before using it in its varied forms.

We often hear it said, "I have tried electricity time and again and it has failed me and I have cut it out."

The same thing is said about the light treatments in their different forms, and the vibrator, and all forms of mechanical appliances for therapeutic effect.

In an article entitled "The Use and Abuse of the Vibrator," read by this writer before the National Association it was predicted that in a few years the back rooms of many physicians' offices would be filled with vibrators. That time is coming and to thousands of physicians it has already come. There are static machines, batteries, lamps, hot air ovens, and vibrators that have been cast aside and can be bought for a song of your own selection.

Is this because they are of no therapeutic value? No, a thousand times no. But, rather, the doctor's brain is of no therapeutic value so far as their uses are concerned.

Have I overdrawn the picture? Let me extract a paragraph from the paper referred to above. "An extract from a letter I received from a friend to whom I had written asking him to write a paper for this section is to the point. After explaining that he did not know enough about electricity to write upon it, he says: "As to the vibrator business, I certainly have had some little experience. I purchased the latest thing in the vibrator line, paying forty dollars for it, and worked the blankety thing on some of my patients. The result was that they got afraid to come to my office and if I had not sold it (which I did for ten dollars) I think I would have ruined my business. I consider the vibrator business a huge fake and only useful to tickle the morbid apprehensions of the confirmed invalid."

Why do we not take the same view of drugs? Many of the leading physicians of the dominant school have become drug nihilists under these exact circumstances. They have not made any special study of the therapy of drugs and do not know the how, the when, and the where to use them, and consequently condemn all drugs and say, as did our correspondent in regard to the vibrator, that they consider the whole drug business a huge fake.

If you desire to make a success with the various mechanical devices for the relief of the suffering, put as much and as careful study into it as you do in your drug therapy.

That this plan of therapeutics is of inestimable value can be attested to by thousands of competent observers. I would feel the loss of my vibrator, therapeutic lamp or wall plate as much as the loss of my medicine case. They are not indicated, perhaps, as often as medicine, but when indicated they are as direct and specific as any drug and in a very large per cent of cases will relieve and cure when drugs fail.

All honor to medicine, to specific diagnosis, and specific medicine, but the same

honor is due to mechanical therapeutics. We need specific diagnosis first, then specific medicine or specific mechanical therapeutics or both and we will succeed.

MANGIFERA INDICA

F. O. HARRISON, M. D., CHRISTOPHER, ILL.

I have taken up *mangifera indica* in this paper, because I think this is a reliable old medicine, greatly neglected, as very seldom we ever see it mentioned in our publications. *Mangifera* is not a hobby of mine; I think no more of the drug than I do of many other medicines we use daily.

I will state, without fear of successful contradiction, that this remedy is one of the very best all-round remedies for nearly all sore throat affections that we are called on to treat. I do not include in this statement syphilitic or cancerous affections, but I do include diphtheria, follicular tonsillitis, tonsillitis, and ordinary sore throats from cold. Twenty years ago, I received a medical journal in which there was an article written by an old retired physician. If I mistake not the doctor lived in the state of Iowa. He said they had diphtheria there in all of its glory. He said he knew something that would cure diphtheria, and that he did not wish to leave this world and take his knowledge with him. He stated in that article that *mangifera indica* was worth its weight in gold in diphtheria.

The article fully captured me and I ordered at once the medicine from Lloyds Brothers, Cincinnati, Ohio. And ever since that time *mangifera indica* has had its place on my shelves; it has come to stay. As to the uses of this remedy, don't understand me to say that the medicine in question will cure all cases of diphtheria, for it may not; this would be too much to expect of any medicine. But I do say the medicine will benefit all. Under its use the affection of the throat and trachea will entirely subside, the diphtheritic membrane, the deposits, will loosen and become ragged, and soon disappear. I have seen children that were affected with diphtheria reach for it, being always ready to take their medicine, as it

made their throats feel so much better. Several years ago, I had the care of two adult persons that had diphtheria in a severe form. They both claimed the red medicine, as they called it, made their throats feel much better, and they asked that they take the medicine often; they wanted the remedy at least every thirty minutes.

I was much amused with one of my patients. I had prescribed for him one day about the middle of the afternoon. Of course in my prescription *mangifera* was used. The prescription was something like this: *Aconite*, gtts. v, *phytolacca*, gtts. x, *mangifera indica*, drams ii, water, ozs. iv. I ordered that he take a teaspoonful every hour. At night about 10 o'clock, my patient sent his nurse over to see me, and sent me word that he thought that his throat felt a little better, but wanted to know if he could not take his medicine more often, say, every half hour, as his throat felt too dry, stiff and sore.

I sent him word that he could take the medicine every thirty minutes if he wished to, that the medicine would not do him any harm, should he take it all at one time. So at 3 o'clock in the morning, his nurse came back, saying that he had taken all of the medicine, and that the patient wanted some more of the same kind. At 8 o'clock in the morning I saw my patient and found him much better. The membrane was all gone. The throat looked much better, and in a few days he was up and around.

I use other medicines as I see their indications, as I stated, but they invariably get *mangifera*. With us we have not had diphtheria for over twelve months. Should I now be called to treat a case of diphtheria, I would not hesitate to use the hypodermic injection of *lobelia*, that was so graphically explained by Dr. E. Jentzsch, at our medical meeting last May, at Chicago. Though I would not neglect the treatment that I have named above. I never used diphtheria antitoxin. And I will show results with any man that uses the antitoxin serum.

As to treatment of tonsillitis, it is very simple and reliable. *Aconite*, gtts. v, *mangi-*

fera indica, 1 to 2 drams, water, ozs. iv; a teaspoonful every hour. *Phytolacca* added if the cervical lymphatic glands are involved. With instructions to swallow the medicine slowly, and take no water for a while.

Follicular tonsillitis is more severe than the acute tonsillitis. Both tonsils are greatly swollen, the entire structure of the throat, or fauces, being involved. As the disease progresses the mucous membrane becomes covered with a muco-purulent exudate, with yellowish, small phagedenic spots scattered over the surface of the tonsils. As a result of this exudation, the system becomes involved, by absorption of the deposit. With chilly sensations, muscular aching, elevation of the temperature, headache, and excitation of the circulation.

This condition of the throat and tonsils is sometimes difficult to distinguish from diphtheria. The tendency of these tonsillar conditions is to recovery. But we can palliate and shorten the duration of the disease. The treatment should be specifically directed to the throat affection. With improvement of the tonsils and throat, the systemic condition will gradually subside.

The remedies that will be beneficial in a great many cases are *mangifera* and *baptisia*, one-half to one dram of the former to one-half dram of the latter, to four ounces of water, a teaspoonful every half hour or hour. It is the frequent and continued bathing of the throat that does the good. The quantity of the medicines that I have recommended are for adult persons. For children, I would give less medicine, say about one-half. And I would stick to this treatment, and not run off after an anti-germ or serum remedy.

For ordinary sore throats I know of no other medication that will give as good and as quick results as *mangifera indica*, and small doses of *aconite*. I have used those remedies for years, and always thought my patients with sore throats got along real well. I never rightly appreciated the treatment myself, until the people called my attention to the matter. Many would come

in to my office and say, "Doctor, I want some of your red sore throat medicine. It is no uncommon thing for persons that had formerly used the medicine, when they lived here, to come for miles for the "red sore throat medicine," as they called it, when any of the family had sore throat. Last winter we had in our town an epidemic of sore throat. And, undoubtedly, *mangifera indica* was an epidemic remedy, as all who used the medication got along nicely. My neighboring physicians, all old school doctors, had quite a tussle with some of their sore throat cases. Their treatment gave very poor satisfaction. Some of them failed to hold their patients.

Mangifera indica is one among the very best remedies I ever used in chronic diarrhea. In dysentery, when they have that severe tenesmus, griping pain and distressing sensation in the rectum, there is nothing that will give more complete relief than *mangifera*, used as an injection, one-half to one ounce, in one pint of luke-warm water. There are other conditions that this medicine will be beneficial in, but I will not mention them.

INDICATIONS: Its specific use is for disease of the mucous membrane; there must be redness, not pallor. When the mucous membrane is red, inflamed, swollen, tender, and has a tendency to throw out a discharge, or a deposit, the medicine is indicated, and will do good. It is a mucous membrane remedy.

MEMBRANOUS DYSMENORRHEA—A CLINICAL CASE

ARTHUR E. GAMMAGE, M. D., CHICAGO, ILL.

"Dysmenorrhea simply signifies painful menstruation. Because of the fact that the majority of women suffer more or less general and local discomfort at the menstrual periods, the term "menstrual molimena" is given space in all textbooks on gynecology. The effect of civilization and more especially of the complex condition of our modern life, has been to intensify nervous excitability to such an extent that it is altogether exceptional for a modern woman to pass

through the menstrual periods without pain or reflex disturbance of some kind.

We are frequently confronted with cases where, from the lack of gross pathology, the etiologic factor is determined with difficulty. Ashton (Practice of Gynecology, Third Edition, page 738) conveniently classifies the causes as follows: (1) Diathesis, (2) Neuralgia, (3) pelvic congestion and inflammation, (4) malformed and undeveloped genital organs, (5) obstruction. It is with the last named that this article has to deal.

Of the various forms of obstruction there is one not commonly met with by the general practitioner, namely, that produced by exfoliative endometritis, or that form known as "membranous dysmenorrhea." This form is characterized by severe cramp-like pains resembling those of labor, followed by the expulsion of the lining membrane of the uterine cavity, either as a complete cast or in several pieces. The membrane itself resembles very closely decidual tissue, and up to about thirty years ago the condition was generally believed to be an early abortion. Wyder was the first, in modern literature, to give an adequate histological report. Von Franque, in 1893, made an elaborate study of the pathologic anatomy and since that time frequent isolated reports have been made. Morse reported four cases in Kelly's clinic in 1907. (Johns Hopkins Hospital Bulletin, 1907, vol. 18, page 40.)

As to the etiology, little is definitely known except that it is preceded by an interstitial endometritis resulting from pregnancy, abortion, or a gonorrheal infection, although in some cases no history of either of these three factors can be elicited.

The following case presents a picture fairly characteristic of the condition.

H. C., age 20, single, Swedish-American, domestic. Present illness, March 12, 1909. Complaining of profuse hemorrhage from the vagina. Two days ago experienced the usual menstrual molimena, but states that she had "terrific cramps" all the preceding day, with very little discharge of blood. Last night, however, after several severe

cramp-like pains, the flow became profuse, the pains practically ceasing with the establishment of the flow. Did not notice whether she passed clots or not. Because of previous history, *vide infra*, I made a diagnosis of probable early abortion, although the patient strenuously denied exposure. Response to medical treatment was rapid and she was following her regular habits in a few days.

April 9, 1909. States that cramps are so severe that "she is almost crazy" from pain. Has now flowed, but noticed a blood streaked discharge.

Personal history: Never had a day's sickness up to December, 1908. Denies venereal. Menstrual: Puberty at 14. Always regular, 28-day type, flow five days. Slight leucorrhœal discharge following flow for past two years. Obstetrical: December, 1908, she attempted to induce abortion by passing a catheter, following which she became quite sick with chills and fever. Was taken to hospital, where curettage was performed by Dr. Bushnell and myself. The uterus was found to contain a three and a half month fetus. Uneventful recovery. Menstruated February 15, 1909, with no unusual disturbance. Flowed two days only. Vaginal outlet, negative. Vagina, mucosa slightly congested; no evidence of inflammatory reaction. Cervix,ropy blood-streaked mucoid discharge oozing from external os. Scar from healed unilateral laceration of cervix. Consistency is normal. Fundus, normal in size, position and contour. Adnexia, no appreciable tenderness; no palpable masses or enlargement of tubes. Ovaries not palpated. Rectum, extremities, skin, circulatory and nervous systems, negative.

Summary and treatment: The character of the pain was extremely suggestive of obstructive dysmenorrhea. However, in the absence of any apparent etiologic factor I could not satisfy myself as to the diagnosis. Phenacetin, gr. 5, and codeine, gr. 1-2, was administered, to be repeated in one hour. Ordered a cleansing enema, to be followed by an enema consisting of sodium

bromide, grs. 30, in one pint of normal salt solution, to be retained. Hot vaginal douche of 1-2 per cent liq. cresolin comp. every two hours.

Six hours later patient was resting and practically free from pain, but the flow had not been established. Two hours later I was called again and found that patient had had several severe cramp-like pains, followed almost immediately by profuse flow of clots and bright red blood. Examination of the discharge revealed several small fragments of a greyish membrane when floated in water. These fragments were about the thickness of ordinary writing paper and of the consistency of a diphtheritic membrane. One surface was quite irregular, the other smooth. I was unable to demonstrate opening for tubal orifice in any of the fragments nor was I able to determine the shape of the original membrane, because of the many fragments. From the clinical history it seems highly improbable that the membrane was the result of conception. Advised curettage prior to the next menstrual period, but patient refused operation, and returned to her home in Michigan.

THE CALOMEL HABIT

By G. W. HARVEY, M. D., RIPON, CAL.

In the callow days of my early medical career I met an ordinary case of bilious fever, at least it had the ear marks of the ordinary kind, but in about ten days I found it still hanging on, and if it was the ordinary sort it certainly took something more than my ordinary medicines to move it. The patient was getting discouraged and told me frankly that if I didn't give him "a bigger dose of calomel than I had been giving, he never would get well."

I lectured him some on the evils of calomel dosing, but neither the lecture nor the medicine did much good. But I was thinking, and I thought so hard that I went and got some one-tenth grain triturate tablets of calomel and gave him nine of them to be taken, one, three times a day. He took them one day and the next day went to work, and I kept on thinking. As a good

Eclectic I had always had as little use for calomel as the devil ever had for holy water, but here was a case where the holy water saved the patient.

This patient had a general out-of-tone condition of the whole digestive tract. The tongue was a broad, white coated specimen, with the imprints of his teeth decidedly plain in it. The bowels were not to say constipated, but they were not right. He was not sick enough to go to bed, and too sick to work, and continued that way until I gave him the calomel in small doses.

This was number one, but from time to time during my professional life similar cases have been met and calomel, always with a history of previous dosing of the drug, has been the curative remedy, in the *feelings of the patient*, for I well knew, after some years of experience, that it was only palliative or fleeting and would have to be repeated sooner or later. I am persuaded that calomel deranges the system just as positively as any other habit-forming drug, and once given has in some patients to be repeated to set the organism right, just as surely as does morphine to set the dope fiend right until he needs another dose.

I used to be not a little mortified when some patient would go back to my allopathic frater, after several of my best efforts had proven futile, but it generally happened that I would learn after some time, in a round-about way, "that all that the patient needed was a good dose of calomel," so now I think nothing of it, for I know very well that once a doctor gets his patients full of calomel, he will have a patient as long as the patient or he lives. It is second to vaccination to keep shingles on the doctors' house. There is a second specific indication for calomel, but in this case it is a truly pathological one. The tongue is narrow, pointed and somewhat redder than normal, and there is generally a syphilitic taint present.

COMMENT.—In one case I had years ago I had taken the patient through a case of ambulant typhoid with the most excellent results, although he teased all the way through for calomel, which I refused to give under any consideration. It would have certainly been better for the patient if I had fol-

lowed Dr. Harvey's course, as on the day I discharged him as cured, as he went out of the door he said, "Well, I am well, and I feel good, and I got through quick, but I wanted a good big dose of calomel and I am going to have it now if it kills me." I watched him go directly across the street to another doctor. He got three 10-grain doses of calomel. After taking the second, the pain was unendurable. Three physicians were called in. The typhoid symptoms returned to an alarming extent and for weeks no hopes were entertained of his recovery. He did finally recover after five months in bed, but there was severe muscular contractions of one hip, and he was a cripple for life.

FATTY HEART

F. A. PINELES-MONTAGU, M. D., NEW ZEALAND

I was consulted in February by Mr. M., aged 70, whose principal complaint was that he was suffering from shortness of breath after any exertion. After walking but a short distance, he found it necessary to stop a few minutes and recover his breath.

He had consulted his old physician, who told him that he had fatty degeneration of the heart, and thought it would be advisable for him to take a little whisky occasionally. He was not satisfied with this advice, and came to me for examination. I confirmed the diagnosis, found the pulse intermittent and irregular, and found that there was indigestion with flatulence and insomnia. I made him the following prescription:

R
Specific cactus dr. 1
Specific nux vomica mins. 5
Tincture of quassia drs. 2
Water, q. s. to make.....ozs. 8

Take a dessertspoonful four or five times a day.

Two weeks later I saw the patient again. He stated that the medicine had done him a great deal of good; that he could eat as well as ever, that he slept well, and that, in spite of his seventy years, he had taken up his work again, and expected to continue to work. He is a big, brawny Scotchman, and usually these men are very hardy and live to a good old age. They possess innate power to resist disease.

ARE SEVERE, PAINFUL AND DANGEROUS LABORS ESSENTIAL?

Among the great mysteries of science, is life, and one of the great unsolvable mysteries of human life, is its origin. Maternity is a holy gift to woman, which is a part of God's great plan for perpetuating and perfecting the race. In motherhood, God and the mother are working hand in hand. How vitally important it is that the mother should appreciate this fact.

There is no happiness on earth to be compared with being a happy mother of good children, physically and mentally perfect. It is the holiest office to which the wife can aspire, and notwithstanding its perils it is to her the crowning joy of her life. In animals and in the aboriginal woman, in woman in her native state, the process of giving birth to offspring is physiological and usually devoid of pain and danger.

It is largely in civilization, with the bad habits of past centuries, with artificial methods of living, that labor is pathological. With conditions as now existing among civilized peoples, pain and complications are accounted as normal conditions of childbirth, and as now treated, the condition is a severe and dangerous surgical procedure, in too large a proportion of cases, to be looked forward to with anticipation and dread. It is looked upon as an unavoidably; or even an essentially dangerous occurrence.

Childbirth may be unavoidably a serious occurrence, but I am not convinced of it. I am convinced that it is the duty of the observing, investigating physician to endeavor to prove that this is not true, and to try by every influence that his science places at his disposal to make it otherwise.

I have been making experiments and observations in this line for twenty-five years and I have arrived at the conclusion that it is not only possible to modify the conditions of labor, but to so advise the patient and to so meet for her, existing conditions, as to make labor, if not painless, at least harmless and entirely devoid of danger to the patient, or even dread. Natural labor should be, I believe, a short, easy act, with

muscular effort at expulsion sufficient, but devoid of severe pain, and this can be accomplished by attention to advice given concerning the habits of the expectant mother, and by the use of certain directly indicated measures and medicines.

One celebrated writer says that pain in childbirth is a perversion of nature, caused by modes of living, which are not consistent with the normal healthy condition of the system. Huxley said at one time, "We are, indeed, fully prepared to believe that the bearing of children may and ought to become as free from danger to the civilized woman as it is to the savage." I am not yet willing to believe that we can do without pain entirely, but as I have just said it can be so modified as to make labor a normal condition unattended with danger or severe suffering.

It is true that when pain occurs we now have methods and remedies to relieve pain that we have not always had before, but resort to these is by no means as satisfactory as consistent with health, as it is to put the patient into so normal a condition that pain is not induced by the processes of labor; that normal health processes are not interfered with; that recovery from parturition is immediate and complete, the uterus and other organs assuming quickly the normal health standard.

It is a physiological law that the normal performance of any function of the body is unattended with pain. Pain is only present when the processes are pathological. Child bearing is a normal function. It is a condition of health, not of disease. It is as essential a process as that of any organs within the body. The logical conclusion is therefore that if the organs which are involved in the performance of this function are normal, it should be accomplished without pain and especially, positively without danger to the patient.

CAUSES.—Painful or difficult parturition is due to a number of conditions. It has existed for centuries, and because the conditions that induce it seem to be essential to civilization, it will probably continue

for centuries to come, unless modified in individual cases, and it is individual cases that we are considering. It is with no hope whatever of changing the condition of the race or of bringing about general conditions which will modify it perceptibly for immediate generations that we are considering its relief.

Among the immediate and permanent causes are the physical defects, the inherited tendencies and perverted appetites, which come to us from our ancestors. Among the first common causes that we are responsible for, are errors of dress.

A second cause is the lack of proper exercise or the taking of improper exercise. This might be included in the third, which would comprehend hygienic faults in general. The fourth is the consideration of the errors of diet.

As immediate causes we have the condition of the nervous system, whether it be strong or weak, especially sensitive, irritated, or subject to perversions of function.

Those local conditions of the mother which must have our consideration are, in the first place, deformities. The pelvis must be anatomically correct in shape, and in its general proportions; the general condition of the osseous structure of the mother must be normal, and the pelvic organs must be properly developed and not over developed. There must be proper tonicity of the muscular structures, and no muscular irritability.

Where there is any degree of deformity of the pelvis, either congenital or acquired, maternity must be avoided, especially if the deformity is at all great. Deformity of the organs themselves usually prevents conception, or if it does not prevent it, causes a premature expulsion of the uterine contents.

Inflammatory conditions of the organs often prevent conception, but oftener while they do not prevent pregnancy they increase the suffering of the patient by changing the normal condition. They also intensify nerve irritability or inhibit nerve control or pervert or derange the nervous function.

A badly managed first labor may, from essential repair of lacerations, or by inducing chronic conditions, cause subsequent labors to be painful.

Rigidity of the muscular structures of the pelvis or irritability of the uterine muscular fibres or lack of harmony in the muscular relaxation due to nerve irritability are causes of pain. There may be weakness of the muscular structure preventing proper muscular contraction. There are faults also of secretion in the mucous linings of the vagina which often cause undue dryness. This interferes with normal expulsion. This is sometimes the cause of extreme pain.

These latter conditions, deformities, inflammatory changes, or traumatic conditions cannot always be greatly influenced by any treatment, and patients so afflicted will not be so markedly benefited by the methods which I shall lay down, but if parturition is possible all organic conditions can be placed in the very best possible condition, and I believe it to be the duty of the physician to insist that this be done in every case.

All of these causes pertain to the mother. There are one or two that pertain to the child, and these can positively be influenced by treatment. The first of these is the general development of the child. Some mothers seem to give all their strength to the child. Her vital force is drawn upon or exhausted during the period of pregnancy. She becomes debilitated, her nervous force is greatly weakened, in fact, the nervous system and sometimes the bony system becomes starved. There is spinal irritation, rapid decay of the teeth, and extreme muscular feebleness.

Very much of this can be prevented by treatment, and by the adjustment of hygienic and dietary conditions. In many of these cases the child is born very large, and labor is attended with great suffering. At other times, from causes difficult to understand, the pregnant term is prolonged, and the child grows much beyond its normal size, inducing difficult labor. This condition may be directly influenced by our treatment and prevented.

With some infants there seems to be a tendency to undue development of the bony system, and by the time that expulsion approaches, the bones of the head and shoulders are hard, solid and firm, and do not yield, as they should, for passage through the soft parts. It is not essential that the child be over developed, that it should be especially large when it is born, or that its muscular or osseous structures should be in an advanced stage of maturity. A long observation has taught us that it is not the heavy infants that alone make strong children, neither are the small ones necessarily difficult to raise. We have all seen many four-pound babies that did as well as those that weighed ten pounds, reaching a weight of from eighteen to twenty-five pounds at six or eight months.

I cannot extend this article further at this time. In a future article I will detail the influence of all of these causes. I will present a study of the chemistry of the mother and the chemical measures which we may adopt to make these harmonious in her system and between her and the child; I will consider a number of important remedies in their influence upon the system, showing how they overcome exact abnormal conditions, and induce a natural functional operation of every organ; I will present also dietary and hygienic measures, quite simple in character, and quite readily adapted to each individual patient according to that patient's needs. I will show how a child can be retained until it has grown too large to be expelled, or how its bony structure can be made so solid that it will be impossible for the mother to give it birth, or how the extremes of these conditions can be induced. I shall make the treatment of these conditions very simple and, I trust, very satisfactory, and one that can be used by every physician and adapted to every patient.

DIOSCOREA VILLOSA

CARL MITCHELL, M. D., BENTON HARBOR, MICH.

In perusing THE THERAPEUTIST it is with keen pleasure I have noted that a

number of the physicians are now saying something of dioscorea. Our works upon therapeutics are deficient in the use and direct application of the drugs. You have requested all physicians to express their experience with dioscorea through the columns of your excellent little journal, and this is the only procedure whereby we all may acquire practical knowledge of drugs and their real therapeutic value. Wild Yam, dioscorea, was originally called "colic root." Specifically speaking, I believe it to be a specific in any form of colic, no matter what form, or from what cause.

In intestinal colic, or gastritis, I give from fifteen to one hundred and twenty drops in a little warm water every fifteen minutes until the patient is relieved.

In hepatic colic, or colic from gallstones, I do not vary the treatment a bit. Uterine colic from any cause responds very nicely to the same treatment. In abortion at the third and fourth month, where pain is excruciating and hemorrhage is severe, I pack the vagina, apply a bandage and give at one dose:

Fl. ext. dioscorea minims 25

Fl. ext. macrotys minims 5

Fl. ext. viburnum prunifolium minims 20

Repeat in thirty minutes. If the patient is resting easily then I most generally go to bed, and when I examine my patient in the morning I find all the secundines and the fetus expelled from the uterus and lying within the vagina next to my tampons.

In false labor pains dioscorea does its work far better for me than macrotys. Combined either with pulsatilla or passiflora, whichever is indicated, its value cannot be surpassed. In the first stage of labor it makes no difference to me what is the character of the os unless it is thin and like a ribbon. I always prescribe

Fl. ext. dioscorea drs. 4

Fl. ext. macrotys drs. 1½

Fl. ext. pulsatilla drs. ½

Water q. s. ozs. 4

Mix. Sig.: A teaspoonful every thirty minutes. If the os is thin and ribbon-like

I add 20 drops of gelsemium to the above formula.

If the case be a primipara, about three or four hours is sufficient to complete the whole job with me. Under this medication, the os softens up, and dilation proceeds rapidly. I have applied this when the os calls for lobelia and have had the pleasure of meeting my patient open armed with a wash basin. It has even invariably made them vomit toward the end of the stage, and why, I am in a quandary to know. But the remainder of the job is of very short duration. Never have I had a case of postpartum hemorrhage where I prescribed dioscorea and macrotys, if I get to them in time. The remedy does not enhance the value of labor pains at all, but it removes the cutting edge and makes your patient more comfortable. If she is of a strong, nervous type, it obliterates the screaming and yelling and squealing that the practitioner is compelled to hear while he is "resting on his oars."

In colic of babies, give five or ten drops with an equal amount of neutralizing cordial warmed, and it acts magically with the little folks. In renal colic combined with gelsemium and hydrangea no better remedy can be found. In chronic indigestion, where there is torpidity of the liver, it is far more serviceable than tincture gentian compound, and even if it is the case of an old drunkard, the action is better, the tongue cleans off, and the appetite improves. In any condition of the liver, combine it with chionanthus or chelidonium and add a little aromatic cascara. Under this treatment for a couple of weeks your old bilious patients will later want to wrestle with you or run you a foot race.

This has been my experience with dioscorea. If it will help to bring into more light a drug which is somewhat obscure even to our own brethren I will be satisfied and happy. The drug works well in cold water, but by adding it to warm water it works much more rapidly. In my personal estimation it is a drug that can be used in internal medicine where indicated, especially

if there is pain, and will induce beneficial results no matter what the condition. I very seldom use morphine if I have dioscorea with me.

CHRYSANthemum LEUCANTHEMUM

JOHN FEARN, M. D., OAKLAND, CAL.

In the summer of 1907 while spending some time in West Virginia, for the first time in my life I saw this plant in all its beauty. H. T. Webster, M. D., thought it was *bellis perennis*. Having had long knowledge of the latter plant, I knew this was something entirely different, and by the aid of Lloyd's laboratory I soon discovered it to be *chrysanthemum leucanthemum*, common name, "ox eye daisy."

Aided by Dr. Webster I found out something of its therapeutic action, and began its use, gathering the whole plant. It can be made into infusion, and given in doses of two drams, repeated several times a day. Or the fresh plant can be macerated in 75 per cent alcohol, making a specific remedy or tincture. Of this make prescription spec. med. chrys. leucanthemum, dr. 1 or drs. 2, aqua destil., q. s. ozs. 4. Mix. Sig.: One dram every three hours.

Now for its field of action. In excessive sweating, night and day, with extreme nervousness, I have never found anything that works more effectually, and I have now had an opportunity of trying it both winter and summer. I am informed by Dr. Webster that it is just as good for extreme diaphoresis in cattle as it is in the human being.

King speaks of it as being beneficial in whooping cough, as also in leucorrhea. I should prescribe it in these cases, with relaxation of the skin, and with nervousness. Those who would learn more about it may refer to the fall numbers of the *E. M. Journal* of the year 1907.

I write this to call the attention of physicians living in the country where it grows. It is not listed by the drug houses, that I am aware of, but it is easy to gather and to prepare, and it is a valuable addition to the armamentarium of the specific medicationist.

Brief Contributed Articles

SUGGESTIONS IN SPECIFIC LINES

ELI G. JONES, M. D., BURLINGTON, N. J.

Doctor, when you have a patient with a hacking cough and a sense of rawness in the throat and chest, don't forget *kali mur.*, 3x, chloride of potassa, 3x; three tablets every two hours. This is just the remedy for that cough, if it is of incipient consumption.

In headache, with intense redness of the face, followed by nose-bleed, *melilotus* (sweet clover) is the remedy; one teaspoonful of the 3x in a glass of water; a teaspoonful once an hour.

For prickling numbness of the hands and feet, with nervousness—the warning symptoms of paralysis—*kali phos.*, 3x, is the remedy, ten grains in a glass of hot water; one teaspoonful every fifteen minutes.

Gonorrhea: Give one tablet of the double sulphide (Burgess) once an hour for eight hours, then one tablet once in three hours. Also *tr. gelsemium*, *tr. cannabis sativa*, aa dram 1, spirits nitre dulc, ounce 1, aqua, ounces 5. Mix. Sig.: a teaspoonful once an hour. Keep the bowels open with a saline laxative. No tea, coffee or liquor are to be permitted. And you will cure your case so quickly that it will surprise you. I have never used injections in my forty years' practice.

Gleet: Give *jatropha* root, grain 1, *stilingia*, grain 1-2, double sulphide, grain 1-2. Mix. Sig.: two tablets every three hours. You will see the gleet fade away promptly. Try the above tablets in syphilis.

In sick headaches with bitter eructations, nausea or vomiting of dark green bile, *chionanthus* is the remedy. Take of the second decimal dilution, five drops three times a day. I have cured many cases with the above remedy.

In toothache from decayed teeth in children, give two drops of *tr. of gelsemium* once an hour.

In prolapsus uteri with a pressing down feeling in the lower part of the abdomen, with pain or aching in the back, which feels as if broken; with pain in outside of the thighs, *tr. of helonias*, ten drops three times a day, has never failed to cure for me. It is the remedy of all others in such cases.

Headaches, with ringing in the ears and a feeling of fullness in the head, point to *veratrum viride*.

Headache with confused feeling in the head or as if the head feels bigger than it ought, will be helped by *belladonna*, every time.

For bed-wetting of children you can depend upon the fluid extract of *belladonna* and fluid extract of *nux vomica*, of each half an ounce. Mix and give five drops in a little water three times a day.

For backache: Which feels lame, with stiffness, with pain or as if bruised, the patient rising with difficulty out of the chair, *berberis vulgaris* is the remedy, 20 drops of the tincture in a glass of water. Give a tablespoonful once in two hours. This is an old backache remedy that I depend upon.

ASCLEPIAS

CHARLES BOEHM, M. D., CHICAGO, ILL.

Asclepias tuberosa, or pleurisy root, grows in the southern states on mountains and near rivers. It is about three feet high, has yellow blossoms in July and August. The parts principally used in medicine are the large white roots, which must be used fresh, as otherwise they are worthless.

The medicine is a mild but certain diaphoretic and acts directly on the serous membranes, as in pleurisy, pneumonia and peritonitis, as well, also, as in any other fevers. Combined with a sedative, I use it much in children's diseases. When the temperature is high I combine it with *aconite* when indicated, to produce diaphoresis, also in pericarditis, and in spinal meningitis, and here always have the desired result.

Not long ago I had a case of cerebro-spinal meningitis. A boy, ten years old, always healthy, took suddenly sick when attending school. Two boys brought him

home, he could not walk. The vomiting and diarrhoea were the first symptoms. Stupor followed. The next day his head was bent backward, and he had very severe pains in his neck, no paralysis of any parts of his body, the neck was stiff, temperature normal, pulse normal, stools normal from that time on. Urine a great amount; no albumen. He had a good appetite, but it was difficult to eat on account of the pain in the neck. I made hot-water application to the neck and gave

R

Tinct. passiflora drs. 2

Aqua, q. s. ozs. 3

M. Sig.: Teaspoonful every hour until he slept, but in the morning the pain was as bad as before. I called for consultation, then the treatment was changed; cold application to the neck and

R

Tinct. gelsemium drs. 2

Veratrum drs. 2

Aqua, q. s. ozs. 4

M. Sig.: Teaspoonful every three hours.

R

Tinct. macrotys drs. 2

Tinct. bryonia dr. 1

Elix. simplicis ozs. 4

M. Sig.: A teaspoonful every three hours, was given. This was continued for two days, without results. The third day after the beginning of this treatment the boy had very severe headache. I discontinued the treatment and gave him a half teaspoonful of an elixir of bromides and passiflora every hour for three hours, which removed the headache, but the pain in the neck returned. I then made up from my own medicine case, after failure of everything else:

R

Tinct. belladonna minims 5

Specific asclepias dr. 1

Elix. hydrastis, q. s. ozs. 3

M. Sig.: A teaspoonful every two hours for the first day. This I continued every three hours on the second day, and at night I gave him tincture of passiflora, ten drops

on sugar. The boy had no more headache. The neck gradually relaxed. He had a good appetite and on the twelfth day he was watching the other children playing, and had no more pain. The mild stimulating effect on the circulation from the belladonna, and the diaphoretic effect of the asclepias, with the hydrastis, acted kindly on the spinal cord. All this acted in harmony and cured the boy. But I would like to know the right diagnosis. There was everything normal except the muscular contractions in the neck.

EPILEPSY

BY GEO. F. BUTLER, M. D., EDITOR BUTLER'S MATERIA MEDICA AND THERAPEUTICS

In epilepsy there is one curious condition where digitalin does good, namely where there is more or less intestinal disturbance, and the patient has a bad breath either before or during the convulsion. Anything like this should be inquired for, also if there is diarrhea or obstinate constipation accompanying, preceding or following the convulsion. These peculiarities are often due to intestinal fermentation and the result is poisoning. Digitalin always does good here, of course combined with other needed remedies.

It is time the profession gave up saturating their patients with bromides for the treatment of epilepsy. The majority of these cases suffer from autointoxication, with marked acidemia. The urine should always be examined, and if the degree of urinary acidity is below 30 or above 40, vigorous alkaline treatment should be instituted with intestinal antiseptic and saline laxatives. The combination known as "sodoxylin," containing hepatic stimulants, alkalies, saline laxative, and intestinal antiseptics, is one of the best remedies to give here.

Stop the use of meat, eat sparingly of vegetables and fruits, stop entirely the use of all alcoholic liquors and tobacco, coffee and tea, live out of doors, indulge in moderate amount of exercise, and take regularly three times a day solanine in increasing doses, until physiologic manifestations occur.

This line of treatment will do more for your epileptics than all the bromide of potassium in the drugstores.

THE BED PAN—ALCOHOLICS

LENA R. WHITFORD, M. D., THOMASVILLE, GA.

I wish to make a plea for the old fashioned bed pan, which a recent writer condemns utterly, preferring, he says, the douche pan, evidently overlooking the fact that we have bed pans made on the same model as the douche pan, but having no opening for the water to run out, which opening any trained nurse will tell you is hard to keep clean. Besides which, in my practice, once a metal cap, and again a cork, used to close the opening, came out in the bed with most disastrous results. I am a small person, and it becomes very difficult sometimes to manage, in bed, a man weighing 150 or 175 pounds, as one recently, who had five large hemorrhages, and was kept flat for three days, using a mason jar as a urinal. When on the fourth day he wished to use the bed pan, I could easily slip the old fashioned one beneath him, but not so the modern one. This, however, is very fine in its place.

I would like to learn about the use of alcoholics in typhoid fever. If, when they seem to be needed, there is anything that will do the work as well. I once took care of a woman who had had hemorrhages and had been very ill. One evening the doctor was about to leave, saying she was doing well, when the patient said to me with tears in her eyes, "If he only knew how I feel." I called him back, and after considering a moment he asked if we had any whisky, and being told we would get some, he ordered two teaspoonfuls with an ounce of water and a little sugar every two hours. It was almost impossible to get this patient to take nourishment, and when I complained of this the doctor said, "Well, she will live a few days on the sugar in the toddy," and so she did and made a good recovery.

In my office practice at one time I gave a man who was a steady drinker, though he seldom got drunk, no alcohol at all, using

capsicum in milk as a food and chloroform water as a menstruum for medicines. He made a good recovery and sometime afterward asked me what I gave him that took away his appetite for whiskey, as he had not wanted it since. I told him the milk and capsicum. When, soon after, his daughter had fever, I used whisky, as she could not take the milk as he had done. The neighbors demanded to know why I used it for her when her father had gotten well without it, and I could not tell them, only that she needed it, and I knew of nothing to take its place when it was really needed. Sometimes the condition calling for it can be prevented by the use of strychnine, but not always. At least that has been my experience, and I would like to know.

COMMENT.—Used strictly as a stimulating medicine I believe with Dr. Whitford that there is a time when an alcoholic stimulant will fit in perhaps a little better than any other stimulant we can use. I believe in giving it strictly as a medicine, in the smallest possible dose that will accomplish the result, in keeping a strict oversight of its action and withdrawing it immediately the result desired is obtained. But it must under no circumstance nor in any form be given to one who has been addicted to its use and has recovered. These are not the cases in which it is needed. In these small medicinal doses would produce no result, but would cause a return of the craving, which would be just as difficult to cure as at first. It is only in those who have not previously used it, in whom the habit of its use has never been formed, that it produces medicinal effects. In all other cases capsicum or other stimulants are the better stimulants.

RATTLESNAKE BITE—A CASE

D. F. RUFF, M. D., JUNCTION CITY, ORE.

Some years since, while living in Texas, I was called one evening about sundown in October to go seven miles to see a boy bitten by a ground rattle snake. Reached him in about an hour. I found the bite on the outer side of the right ankle. The leg had been bandaged tightly below knee by the parents and was tightly swollen, and the boy was very restless and wore a frightened expression on the countenance.

The first thing I did was to order a corn meal mush poultice made. This was soon ready and spread on a small cloth and was brought to me, and making a depression in the center I poured in about two drams of

tincture of lobelia, and also gave him one-half of a dram in one-half glass of warm water, which made him vomit in fifteen minutes, bringing up his dinner, but every thing as green as pounded grass. Then, after the vomiting, I examined the wound, and found the entire poultice as green as the vomit. I applied a fresh poultice, adding the tincture of lobelia.

In one-half hour I gave another dose of lobelia, which he retained a little longer than the first dose, but finally came, and was a very dark green. The features (the face) began to show less distress. I left the second poultice on one-half hour, and then on taking it off, it was also green, but a darker green than the first one. About 9:30 p. m., a messenger returned with some whisky, and I directed the mother to give him two tablespoonfuls, and she, being frightened and a German, she gave it raw, and it nearly strangled the boy, who was but eight years old.

After this he refused to take any more of the whisky, but the vomiting was kept up every half hour. The poultices were changed regularly till midnight, when his last vomit was almost clear of the green color and he said he was hungry. I directed the mother to give him some bread broken into a cup of fresh milk, which he ate with a relish.

The swelling had by this time gone down about one-half, and I removed the ligature, at which he expressed a great relief. The next morning the swelling was nearly all gone, but the boy said his leg felt dead, which sensation, I heard afterwards, left in a few days. Previous to this, the boy had been having a chill every day, but he had no more chills after having such a siege of vomiting.

The satisfactory recovery of this case created quite a stir in the neighborhood, and after that everybody kept a supply of tincture of lobelia on hand, and I heard of two other cases that were relieved in the same manner. The ground rattler is a small snake, from sixteen to eighteen inches long, nearly the same size the whole length, and a most vicious little brute. If

taken in time, I believe the same treatment would relieve in a case of bite from the large rattler.

DOES CALCARIA FLUOR. ACT IN THE 6x POTENCY?

J. S. SHIELDS, M. D.

This is my first attempt at writing for a medical journal. I am a graduate of two Regular medical colleges. A few years since, I commenced to investigate the Homeopathic materia medica and also the Eclectic materia medica, and therapeutics. During all this time I have been using the homeopathic polycrests to try to prove or to disprove the law of similia. I am still in doubt.

During all this time I have been using Lloyd's specific medicines according to their specific indication. If you ask me if I am in doubt about the action of these remedies I will say most positively "no." Nor will any one else be in doubt about their action, who will study them and use them according to their specific indications.

But this is not what I started out to say. On April 2, 1909, I was called to attend a confinement, the eighth child of this mother. There was a breech presentation, but the head was delivered without much difficulty, and the child and the mother went along nicely. About two weeks later I was visiting a patient across the street from this family where word had been left that I should call. I was told that something was the matter with the baby's neck. Upon examination I found that it looked and felt as if the trachea was dislocated forward and to the right.

My first query was, can it be possible that in my haste to deliver the head I had dislocated the neck, and the child yet live. On closer examination there proved to be a very hard fixed growth in this locality. The parents were greatly worried lest this should produce permanent injury or should prove very unsightly. The woman who first washed and dressed the baby claimed that the enlargement was not there then, or she would have noticed it. I claimed

that such a hard growth could not develop in so short a time, but it grew as the baby grew until at this time it was quite prominent and there was a question in my mind as to whether any medicine I might give would remove it.

I had just been studying the Schuessler tissue remedy, and I concluded to give the mother a three-dram vial of *calcaria fluor.* 6x, with instruction to give two tablets, dissolved in a teaspoonful of water three times a day.

Up to this writing the child has taken three vials of these tablets, and there is now scarcely a trace of the growth remaining. There is no doubt in my mind that the remedy stopped the growth of the enlargement and restored the parts to a normal condition, and I present this to you as my therapeutic fact.

AN EXCESS OF SODIUM CHLORIDE

F. A. PINELES-MONTAGU, M. D., DRURY,
NEW ZEALAND

On July 31 Mr. C., age 44, came to me for treatment. He stated that for the past eighteen months he had been under the care of various doctors, but they did not seem to understand his case. They put it down as neuritis. He also stated that both his legs from the hips to the ankles were numbed. He was quite impotent, his penis and testes both numbed.

For three months he had not the slightest inclination for coition. He could walk, eat and sleep, but when in the saddle or sitting on a chair he could not feel what he was sitting on. All the fingers of both hands were closed by muscular contraction, but I could open them out straight, when they would close again of their own accord, he having no power to keep his hands open. He felt no pain in either legs, hand or in the testes except the left one. He complained of pains across the loins, especially when bending, also pain on pressure in the right and left inguinal regions and in the left testicle.

His pulse was weak and small; tongue large, broad and reddish purple; heart

weak; skin dry. He stated he was very fond of salt and had been since childhood, and ate a very large quantity of it. I came to the conclusion that he had an excessive amount of sodium chloride in his system, and forbade him to take any salt with his food except that which was absolutely necessary in the cooking of his meals. He only drank about one pint of liquid a day. I advised him to drink from three to four pints of liquid a day to keep the secretions of the body very active. I placed him on a restricted diet, and in addition forbade the use of tea, coffee, salt fish or meat, and directed him to take a warm bath once a week, and on fine days to walk beside his horse until tired and then to ride slowly home. He is a hard-working farmer and has a family. I prescribed the following with good results:

R

Specific cactus dr. i

Specific macrotys drs. ii

Nux vomica m. v

Aqua, q. s. ad ozs. iv

Mix. Sig. One dram every two or three hours.

IS CARBUNCLE CONTAGIOUS?

G. W. HARVEY, M. D., RIPON, CALIFORNIA

It would seem so from the experience that I have recently had, and when I relate that, you may possibly think so, too.

It was about a year ago that I treated a carbuncle in a young Englishman. He was a charity patient, and expecting to die, for the clinic physician and the druggist both told him that it would kill him. His quarters were in a stuffy, close room, and over warm whenever I happened to be there to dress it, and I inhaled the exhalation from the carbuncle to such an extent that the vile, cheesy, musty odor of it lingered in my nostrils for hours afterwards. The carbuncle was soon well, under the influence of *echafolta* and *thuja* locally and internally, together with *silicea*, 3x.

Just nine days from my first dressing of the carbuncle I had one myself, and, for months afterwards, as fast as one would

disappear another would develop, and what was worse, nothing that had helped the Englishman and all other carbuncles did any good so far as preventing the recurrence of them in my case. They kept coming right along until I took some arsenic, which I believe to be the physiological antidote for septic contagion, no matter what its origin, whether it be constitutional carbuncle, septicemia, blood poisoning, ptomaine poisoning or any other septic condition originating in the food, dissecting room, or anywhere else, either by mouth or abrasion or inhalation. Two or three drops of the mother tincture of arsenic in a four-ounce mixture or on the homeopathic disks and a dose of that every one to three or four hours, as the case may require. When I have used this I have had need of little else and my patient will shortly be well.

I do not mean that we are to depend entirely upon arsenic to the exclusion of other plainly indicated remedies, but that arsenic is always to be thought of in any septic conditions of whatever nature.

A FIRST EXPERIENCE IN OBSTETRICS

FRANK A. BARBER, M. D., CHICAGO, ILL.

In looking over the copies of your THERAPEUTIST, now in my possession, and reading the numerous articles presented, an experience of mine happening a few hours after my return from Chicago—and graduation—was recalled to mind. While there is no special fact to present, it will show what one can do, even when there is nothing at hand necessary to produce the results desired.

The class from Bennett of '78 will doubtless remember a parting lecture given them by Prof. A. L. Clark on "Obstetrics," in which he said in words to this effect, "Gentlemen, you are about to pass from here into your life's work as practitioners. You will meet all kinds of cases in all environments and amongst them it may be your destiny as well as your necessity to have a 'craniotomy.' I in my many years of practice have never had a case, but to one of you it may be your first." So he launched into the conditions, the causes, the effects

and the *modus operandi* of procedure necessary to properly handle one.

Shortly after my arrival home, a call came for my father (now deceased) to a confinement some nine miles in the country. Being already on a like mission in a directly opposite location, and uncertain as to when he would return, I offered my services. I found a primipara well on in the throes of labor. She had fallen or slipped from a table and hung by her arms from the sill of a window some two hours, ere her people found her.

Everything seemed to be going on nicely and labor was proceeding slowly but (as it seemed) surely. However, I was in attendance about six hours ere it dawned upon me that things were not as they should be—in fact, while the pains were regular, hard and grinding, there was no headway made, and the strength of the patient was gradually lessening. About midnight I sent for my father, who stated on his arrival that the case called for a little common sense and practical application of a few remedies. That was indeed humiliating to me—a fledgling just out of college. He worked faithfully and hard for several hours, until he was exhausted, and at his request I once more took the helm.

I explained to the parents that in our opinion the child would have to be sacrificed in order to save the mother. With their consent I proceeded to prepare for the operation. We had to manufacture our implements from stock in hand. From a wooden pail I took the bale and bending one side around the handle and to the wire on the opposite side, I had a firm, blunt hook. Then finding a jack knife with a long blade I wound that with a suitable piece of bandage leaving a part only exposed, thereby producing the required means for puncturing and breaking down the bones of the head. Crude were my instruments, but likewise good, and in due time the child was born (minus portions of brain and a few fragments of bone), weighing nineteen pounds. I have never seen since but one child near its size.

The mother made an uneventful recovery in regulation time, and when one considers that no anesthetic was used it was remarkable. Thus it had fallen to me to have as my first experience one of the severest of cases. Necessity this time was *father* to the invention. With the knowledge of the *how* firmly drilled into my understanding, thanks to Prof. Clark, I was able to do that which under other conditions would not have been attempted.

The fact which I wish to bring out is in having the theory and the common-sense application of that theory to the conditions before me. It was a reversal of things as placed before me by my father.

I find many items of thought in THE THERAPEUTIST of benefit to me and am greatly pleased thereby.

UTERINE HERNIA WITH PREGNANCY

CARL A. MITCHELL, M. D.

Mrs. D., a German girl, aged 24 years, married ten months, gave birth to a male child July 2, 1908. She had always been a delicate, nervous child, and remained so during her girlhood days. She married a robust man, and in about three months commenced to have trouble with an unnatural discharge and increase in size of the uterus. She went to a cancer "specialist" and he told her she had "tumors," and would require local treatments every few days. These she took until one night she had a fainting spell and called in a near-by physician, who told her she was pregnant. This difference of opinion set her foster mother (a very wise old lady) to thinking, so she brought her to me April 18 for an x-ray examination, since someone had told her the trouble could positively be revealed with the x-ray. Of course I examined her (but not with the x-ray) and found she was more than five months pregnant although she had not realized it.

She described, very fully, a peculiar condition that she termed cramps that would come on almost every night, together with fainting and weakness. I treated her

for these conditions, and about six weeks later called in to see her at her home, as she had one of her so-called cramping spells. At this time I found she had a hernia of the right horn of the uterus and it was in this that the child was developing. At times, during the cramping spells, the hernia would protrude between the recti muscles and push the skin up like an hypertrophied breast. A good cut of the condition presented is shown in Edgar's "Obstetrics," page 280. She went along with more or less inconvenience until three weeks prior to time of expected confinement, when labor set in. She was in a condition resembling labor a few hours every day for three weeks, when the pains increased in frequency and severity. I called another physician and we delivered with forceps a fairly well developed male child weighing seven pounds.

The placenta which we removed with the hand was in three distinct parts. Three-fifths of it was up in the horn of the uterus and grown fast; the remainder, in two equal parts, had each membranes attached, containing a fluid. There was considerable hemorrhage for several weeks and the right horn of the uterus remained large and flabby for three months. It required all the usual means to get the child to live at all, and he suffered with a patulous foramen ovale, which eventually became closed. He is a healthy boy now. In removing the placenta I made a thorough examination of the uterus and the abdominal wall, which verified my diagnosis as above given. The right rectus abdominalis muscle was about one-fourth the size of the left, and separated.

LYCOPUS VIRGINICA

BY W. LEMING, M. D., SECRETARY OF THE ECLECTIC LEAGUE FOR DRUG RESEARCH

The following is the summarized report of the study made by The Eclectic League for Drug Research, in the drug *lycopus virginica*.

This remedy displays two main activities, that of a sedative to the heart, possibly

through its action on the muscle, and as an astringent to the capillary circulation, primarily of the lungs and bronchi, secondarily of the urinary organs and intestine.

It has always been thought of in connection with the disturbed heart action and the passive hemorrhages accompanying pulmonary tuberculosis. This action is vouched for by several of the members of the League and seems reliable. The case showing great debility and nervousness seems to be the one most susceptible to its influence.

Chronic bronchitis is equally well remedied by lycopodium, when there is local debility and passive hemorrhages, or when thin, sanious discharges are present.

In diabetes, its power seems to be questioned. Dr. A. W. Smith cannot recall a case where it even benefited, although he acknowledges that he has not employed it sufficiently to decide as to its value.

Dr. E. D. Jones considers it a reliable drug in certain forms of diabetes mellitus, and far superior to rhus aromatica, when there is great thirst, marked emaciation and the passage of large quantities of clear urine. He employs an infusion of the herb, one ounce to hot water one pint, a tablespoonful four times a day.

Lycopodium has been mentioned as a remedy for chronic diarrheas, but the proper case has apparently not been defined. I myself employed it in a case of several years' standing but failed to relieve in a month's time. The same case was later almost completely cured with 5-grain doses of magnesium sulphate four times a day.

In various heart lesions it hardly does more than tone up the muscle in cases showing marked muscular relaxation, although it appears to have some direct sedative action.

The dose should be as large as possible without disturbing the stomach, which it will do if given too freely.

ASCLEPIAS TUBEROSA

The study made of this drug by "The Eclectic League for Drug Research" suggests the following as its field of action:

Irritative or inflammatory states of the skin and lining membranes, associated with dryness or febrile action, and lack of elimination; or with exudation, pain and other evidences of a disturbed capillary circulation.

The diseases in which it is most often useful are pneumonia, pleurisy, enteritis and an acute general febrile condition. It is a mild, kindly remedy, but enhances the action of almost any drug indicated in acute febrile diseases, such drugs as aconite, gelsemium, drosera, ipecac, etc., It undoubtedly controls capillary congestion with irritation and exudation; and as an eliminant through its power of equalizing the circulation, its action is undisputable. Such actions upon the skin, kidneys, bowels and upon all the eliminating organs, is well known. E. D. Jones, M. D., of New Jersey, considers it without a rival in intercostal rheumatism, while J. A. Farabaugh, M. D., of Kentucky, has used it (combined) in the first stages of pneumonia, for thirty years, with excellent results. Dr. Waddington, Detroit, calls especial attention to its use in the urinary suppression following scarlet fever, and mentions scanty, high-colored urine as a specific indication for its employment.

It has seemed in two cases of chronic nephritis to have removed all traces of albumen; in one case especially, reducing the specific gravity of the urine from 1032 to 1020, normal, at the same time removing the signs which primarily led to its employment, viz: emaciation, dry skin, with an almost imperceptible, persistently itching eruption. Both patients made great gain. Where a soother and healer to a membrane is needed, it should be studied.

SUGGESTIVE POINTERS

E. S. JONES, M. D., MARSEILLES, OHIO

Phosphate of potash: This remedy is indicated for mental break-down, nervous prostration or neurasthenia, and sexual weaknesses depending upon this condition.

Blue cohosh (caulophyllum) is indicated for uterine cramps, dysmenorrhea, protracted lechia.

Macrotys, for puerperal mania, ovarian neuralgia, muscular rheumatism.

Cantharis, for violent pain in the bladder, urethral tenesmus, the urine passed drop by drop.

Echinacea, for septic states, boils, ulcers, carbuncles, bites of animals.

Ignatia, for silent grief, melancholia, hysteria, accompanying uterine disorder.

Ipecac, for persistent nausea and vomiting, stools slimy and watery, given in minute doses, frequently repeated.

Iris, for sour vomiting and sick headache—a general bilious condition—perhaps slight icterus.

Terebinthina, for bloody urine, stranguary, inflammation of the kidneys.

Pulsatilla, for loss of taste, scanty menses, sties in the eyes, orchitis.

Phytolacca, for sore throat, enlarged glands, caked breasts, intense aching.

Nux vomica, for frontal headache, irritability, hypersensitiveness, anger, gastric atonicity, constipation.

Hyoscyamus, for mania, marked by suspicion, senile mania, twitching of the muscles.

Hydrastis, for atonic dyspepsia, torpid liver, constipation, catarrh.

Calcium sulphide, for suppuration, every little injury suppurates, scrofula and general ulceration.

Gelsemium, for flushed face, bright eyes, contracted pupils, full headache.

Bryonia, for pain in the chest, short, quick respiration, sharp cutting pain in the pleura, persistent, dry, short, hacking cough, flushed right cheek, pneumonia.

POLYGONUM

E. M. WRIGHT, M. D., WARSAW

Synonym.—Water pepper or smartweed.

Pharmacology.—The smartweed is a small indigenous herb, with narrow, green leaves and spikes of small greenish or white flowers. It contains polygonic acid, an acrid principle insoluble in water, with tannin. The active principle is dissipated by heat, and therefore an alcoholic tincture of the fresh plant is the best form. The dose of the

tincture is from gtts. xx to drams ii to aqua oz. iv, a teaspoonful every one to four hours.

Physiological Action.—Polygonum has a burning, acrid taste, inflames the skin when rubbed upon it, and internally has stimulating effects, especially to the ovarian functions and to the kidneys. Increases the number and strength of the cardiac contractions, promotes and increases the capillary circulation and causes warmth of the surface, accompanied by an increase of perspiration.

Indications.—A harsh, inactive skin, chilly sensations, and pain in back and legs.

Therapy.—Used as a stimulating diaphoretic, diuretic and emmenagogue. A certain remedy in suppression of the menstruation from cold. Employed in domestic practice externally as a counterirritant. Water pepper is likewise of service in functional impotency. On account of its diuretic virtue it has been employed for the purpose of washing out sand and gravel from the kidneys or bladder. It is also used in bronchitis and catarrhal disorders. A poultice made with water or vinegar from the leaves of polygonum has been found excellent in facial neuralgia. It is good in certain forms of flatulent colic, when the pains are sharp and lancinating. With intermittent, severe griping pains it is curative.

TAMPONS FOR CONSTIPATION

In the treatment of chronic constipation in adults, recent writers advise the introduction of a rectal tampon. It should be made of absorbent cotton, lamb's wool, or cheese cloth, and it should be inserted through a rectal speculum or proctoscope until it causes some distension of the rectum. If a piece of sufficiently strong string be applied to the tampon it can readily be removed. This will be necessary after from two to six hours. The influence of this tampon is said to be successful in the majority of cases, although some cases are not materially benefited by it. It seems to me that in certain cases it could be saturated with glycerine.

Letters

ATROPINE AS A HEMOSTATIC

Editor Ellingwood's Therapist:

In your journal for May 15, Dr. Field takes up the question of atropine as a hemostatic. Unfortunately he does not give the result of his clinical observations, but condemns this remedy after a study of the textbook descriptions of its physiologic action. That is exactly the mistake which H. C. Wood, Jr., made. That largely developed bump of curiosity in my head, however, prevented me accepting the conclusion of the textbooks, without actual trial; and it occasionally happens in such cases that the clinical trial does not harmonize as to its result with those to be expected from the textbooks. As Dr. Field says: The latter causes dilatation of the capillaries, which is supposed to be due to paralysis of the vasoconstrictors, that is, a passive dilatation, which would be expected to increase hemorrhage. We have therefore an increase in hemorrhage from the primary action of the drug in increasing vascular tension, and a secondary tendency to hemorrhage from relaxation of the walls of the capillaries.

In the last edition of his textbook, however, Sollman states that atropine increases vascular tension but slightly and that with very small doses. This increase does not last long but is quickly followed by a much more pronounced fall in vascular tension; moreover that the rise only occurs occasionally, by no means invariably.

I have studied the action of atropine clinically, and I can not rid myself of the conviction that the action presented by full doses of this drug, which flush and redden the skin, is an active and not a passive effect. In other words, the action is not a paralysis of the vasoconstrictors, but a direct and powerful stimulation of the vasodilators.

With this explanation of the action of atropine, its powers as a hemostatic are clearly understood, for an active dilatation of the capillaries would result in an increase of capillary attraction, by which the blood would be retained in these vessels instead of being allowed to flow out passively. If an incision is made into the capillary area thus actively dilated we would not have a tendency to hemorrhage, but on the other hand the blood would be retained in the vessels, and we might even have an entrance of air therein instead of an outflow of blood. This hypothesis harmonizes well with the clinical testimony. I have collected a mass of evidence in the shape of reports from physicians, sent to me from all parts of the United States. The evidence is remarkable in the uniformity of the results obtained from atropine, and the power of its action. These reports indicate the efficacy of atropine as a hemostatic in every form of hemorrhage known to man, with the single exception of that due to the erosion of a large vessel. I have several reports in which atropine failed in profuse hemorrhage occurring in a rapidly advancing ulcerative pulmonary tuberculosis, and several in which it failed in typhoid intestinal ulceration.

I would like to ask how any drug remedy could possibly be expected to prove effective in such instances?

One other case has just been reported: A young negro in the terminal stages of an acute, rapidly advancing pulmonary tuberculosis, was suddenly seized with profuse nasal hemorrhage, epistaxis, and died within two days despite the action of atropine. It is most unfortunate that details are wanting in this interesting case. I am unable to explain it, all the more since in every other instance in which epistaxis has been reported to me it has been promptly and effectively controlled by atropine.

I wish Dr. Field would drop his textbooks and turn to the greatest of all textbooks, that of nature, and study the action of atropine when given in full doses as a hemostatic. I will be very glad to record

the results of his experiments and embody them in my report. Let it be clearly understood that I am not asking for favorable reports. I want the truth, the whole truth and nothing but the truth. I am not seeking to establish the value of atropine as a hemostatic, but only want to know what it is good for and where it fails.

WILLIAM F. WAUGH, M. D.

OBSTETRICAL METHODS AND OBSTETRICAL TRAINING

Editor Ellingwood's Therapist:

I looked forward with much interest for the April and May copies of your excellent journal in the hope of finding some friendly criticism of your editorial of March on "Obstetric Training and Obstetric Methods."

Public opinion would not allow the most revered citizen to sit as juror when his own interests are at stake. For the same reason the unsupported statement of any physician should not be taken.

What is the use of our scientific training if we are to deliver women as do the African bushmen? Is it not hypocrisy to cry out against midwives if we consider parturition such a physiologic process that all our learning avails us nought? Eating is a physiologic process—is that a reason for infecting our food or our mouths?

I have known men, too, that have delivered from 1,500 to 2,000 women without death or septic infection and without antiseptics. I have known of such women to develop typhoid fever—God save the mark—on the third to fifth day, followed by pneumonia (septic emboli of the lungs), then tuberculosis and death. I have seen such cases followed by milk fever, so-called, on the third day from the full establishment of the milk-flow (as though that could produce fever).

Women generally receive a physician in the same spirit as he presents himself to them. If he considers it not embarrassing to handle her genitals and embarrassing to look at them, she will look at it in the same way. Modesty, as the handmaiden of

virtue, renders excellent service to woman-kind; as the handmaiden of prudishness it becomes an enemy. Women should be taught that when it is necessary to examine the genitals they should submit as naturally as to an examination of the mouth. Just recently I had a case of ataxia of the vagina which had produced a vesico-vaginal fistula through which the woman had menstruated for nine years. As the drainage was imperfect, frequent attacks of sepsis with fever, producing delirium and unconsciousness followed. Not knowing what was wrong, and being too prudish to allow an examination, she kept on suffering. Then she married. Both she and her husband were chagrined when I told them of her condition.

Seeing what you are doing and rough handling do not necessarily go hand in hand. Delivering a woman under cover with forceps is certainly not a physiologic procedure. I would as soon remove an appendix under the sheet. If forceps delivery is not physiologic, it ought to be scientific. Will keeping the forceps aseptic till introduced harm the woman? Will a woman shiver from cold if covered warmly with cotton flannel or woolen obstetric drawers? Another thing: what if the woman has an ulcer, erysipelas or other septic trouble close to the vulva. Isn't it better to see what you are doing and avoid trouble? Scrubbing the hands with soap, water and an antiseptic certainly does no harm. Your patients will think you are careful. A vaginal douche of hot normal saline after delivery will bring away lots of debris. As for forceps, I don't think they are often needed, but when you need them you need them bad.

GUSTAVE E. HENSCHEN, M. D.

COMMENT.—After reading the above I carefully reread the editorial the doctor refers to, and I fail entirely to find anything there but the strongest arguments in favor of scientific training in obstetrical methods. The cry against midwives is against their ignorance, their lack of cleanliness, their lack of scientific knowledge, or the entire condition and all that pertains to it. If the doctor supposes for a moment that the older physicians simply blundered through their cases, trusting to luck and to nature, he is greatly mistaken. They developed a knowledge of conditions, and of the demands of

the case that was as scientific as any academic course could possibly make it, but his methods were entirely devoid of fads. He was not trying to develop theories or to live up to any theories that might have been promoted by those who are more theoretical than practical. He was intensely practical.

The doctor's argument that typhoid fever followed a case of confinement, does not prove that the doctor was in any way to blame, or that the presence of emboli in the lungs is due to his carelessness. These things will happen after the most scientific procedures. If the doctor entertains the idea that there can be no elevation of temperature without sepsis at the time of the full establishment of lactation, he is probably accepting another theory of scientific teachers which is not proven, and one which clinical observation of the most acute character does not confirm.

Neither is there anything said against necessary examination or necessary exposure, all of which are essential in their place. The argument is against unnecessary exposure, coarse and rough handling, lack of sympathy and the inclination of a few at least to make as much money as possible out of a case in the least possible time. These are harsh criticisms, but the regret comes in the fact that they are to a certain extent justified. Within the past few weeks, to illustrate, I was cognizant of a case where the most prominent physician in a town of some size within forty miles of Chicago, was engaged to attend a primipara. Without seeing the patient he gave orders in advance, that with the first appearance of the symptoms of labor she should be taken to the hospital, of which he was one of the managers. When called to the hospital to see her he delayed four hours, and had to be called three times, though not busy. He then made a cursory examination, and notwithstanding severe pains left her in the hands of the hospital nurses for twenty-four hours. Returning, he made another examination, and found that there was some danger of laceration of the cervix. He immediately made deep lateral incisions, converting the case into a severe surgical one, and, because of his haste, extracted the child at once with forceps, producing perineal laceration which he did not mend. He then put in thirteen stitches to restore the incisions he made in the cervix, only half of which united, and again left his patient in the hands of the attendants. The patient made a very slow getting up, after an exceedingly tedious confinement, and is now an invalid. It is such cases as this (and there are now too many of them) that I am arguing against, and I shall keep up the quarrel.

REGARDING THE REAL CAUSE OF CONSUMPTION

Editor Ellingwood's Therapeutist:

There is now justly much agitation regarding the suppression of the causes of and the possible cure of one of the most formidable diseases of civilization—consumption. This disease heads the list of mor-

talities every year, reaching as high as 160,000 persons annually; of late years over-reaching all others, even pneumonia, diphtheria or typhoid fever, which are among our worst of diseases. Sparing neither the rich nor poor, it comes stealthily among us, taking alike the young and the old. All this is true, to our sadness and sorrow, and in my honest opinion will continue to be only too true, until we are willing to learn the positive basic lesson: the first and primary cause.

All this killing of flies, and destruction of the mosquito, and watching out for diseased cows, that their milk may not propagate the germs, and the house fly that he may not spread it by his "dirty feet," is all well enough to consider as a matter of real cleanliness, which is next to godliness; but, mark my word and long experience and practical observation for it: I say we will *never* make any headway in checking the great "white plague" until we have cut short, or put a stop to the head fountain cause—private or special diseases, syphilis, etc.—transmitted on down through the first, second, third, or, as the Bible says, "even unto the fourth generation."

Let me say emphatically to the medical fraternity, especially those of you who are willing to get down to *facts*, not theories: look up this first cause; look back two or three generations; back to the ending of our late civil war, and see if you can't observe a cause of our now vast army of people dying of consumption every year. I can; and I was one of the men in front, a soldier in the civil war of 1865, and a physician of long practical experience since; and I am willing to acknowledge the unfortunate facts.

Flies are dirty insects, yes; but does the fly bring the filth, or the filth bring the fly? Better far to clean up the alleys, *or the houses in the alleys*—better eliminate the germ within, than to be searching for a germ that *may* enter. Stamp out the first real cause, gentlemen, and then, and then only, will you make progress against the white plague.

I. E. LAYTON, M. D.

Therapeutic Facts

SINGLE TRUTHS FROM MANY DOCTORS AND MANY
TRUTHS FROM EACH DOCTOR

Cantharides In Painful Urination

I recently had a patient with painful frequent micturation. Could get no idea of its cause from the history as obtained from him. I placed him for a time on strychnine, ergotine and atropine which helped much but did not effect a cure. One day after reading in your valuable journal of a drug for such conditions, I thought to "prove" it in his case. In a few hours he called and I at once put to him the following interrogations:

Is passing your water painful? Yes.

Is there an intense burning, cutting, scalding sensation in the urethra?

"Don't know what that is, Doc."

Well, the channel through which your water passes.

"Yes. It feels like it was on fire."

So I gave him cantharides, gr. 1-5000, every two hours.

Two days afterwards he came back and wanted more of "them little pills, they are the remedy." He is now on the high road to a cure.

As said in the beginning, this is not an original observation, only as I made the application of the remedy for myself according to the exact indications determined and found it to be eminently satisfactory.

This is my fact due you for this year.

M. G. PRICE, M. D.

Nocturnal Enuresis

I have had under treatment for several months a case of nocturnal enuresis, a boy, eleven years old, who has had the difficulty since birth. He has always passed a large quantity of water, and when I first began to treat him the bed would be thoroughly soaked two or three times each night, making that many changes necessary. The first time usually occurred within an

hour after he would go to sleep, though he would urinate before getting into bed.

To begin with, I put him on a mixture of twenty drops each of belladonna and apis in four ounces of water, to be given a teaspoonful an hour before meals and at bedtime.

At first there was but little benefit from this treatment, but by the third week he would miss one or two nights. There was some improvement then to the fifth and sixth weeks, when the condition was very much improved, but by no means cured, and since that time there has been no improvement whatever. I should be glad to receive, through the columns of your journals, some suggestions as to treatment in this case.

S. H. MONTGOMERY, M. D.

COMMENT.—This case should be examined carefully for phymosis or adherent prepuce. Every cause of local irritation should be removed. The urine should be examined to determine whether there is an excess of acidity or alkalinity, and if so, either of these should be neutralized. He should drink but a little water in the evening, should urinate the last thing before getting into bed, and should sleep without a pillow, and with the foot of the bed raised about two inches.

We have a good many remedies which exercise a beneficial effect when the conditions are exact. The doctor has given us but few of the specific conditions, consequently I can advise only in a general way. If the patient is feeble and there is a tendency to nerve weakness give small doses of strychnine with belladonna for three or four weeks. If on the contrary there is irritability of the bladder with increased muscular tonicity give hydrangea and gelsemium. Thuja in four or five-drop doses four times a day will relieve some cases, those which are accompanied with local weakness only. Rhus aromatic in doses of about fifteen drops three times a day is advised when the quantity is large, as it seems to be the case here. It might be well to give this patient small doses of ergot also. I believe I would try the two latter remedies in combination. Chimiphila is a good remedy, also, in some of these cases, and very small doses of cantharidis should be tried. Let our readers give their experiences with similar cases, and be more specific in each case.

A Valuable Formula

During the past seven years, when in need of a moist dressing for wounds, bruises or deep seated inflammations, infected wounds and rheumatism, I have used the following formula with very few failures.

It affords relief from pain in a very short time.

R

Magnesium sulphate ozs. 10
 Phenic acid drs. 6
 Glycerine ozs. 1½
 Alcohol, 95 per cent ozs. 1½
 Aqua, q. s. ad ozs. 80

At the sisters' hospital in this town, this is known as Dr. MacRobert's solution.

At one time I was called thirty-five miles into the country with no explanation as to what I was wanted for. I think I was prepared for everything but that which I found: a severe case of diphtheria, and I thirty-five miles from a drugstore and antitoxin. There was no time to lose, and having the above solution with me, I concluded to try it.

The diphtheritic membrane covered the tonsils, the uvula, and invaded the postnasal space. I applied a compress, wet with the solution, to the throat and kept it applied continuously. I gave a teaspoonful of this solution every two hours. I had the patient, a boy eleven years of age, gargle it freely every hour. I stayed by the patient forty-eight hours, and watched the results closely, and observed a steady and satisfactory improvement from the first. There was a paralysis of the vocal cords which lasted about three weeks, but everything else was very satisfactory, except that, although this was six years ago, the father owes me for that trip yet.

W. J. McROBERTS, M. D.

Atropine in Dysentery

During the course of dysentery in children, a mental condition sometimes occurs in which dullness is the most prominent symptom, slowly developing into coma. With me this is a prominent indication for atropine in very small doses, often repeated until an effect is apparent, and then less frequently. Last summer I saved a moribund baby which was so afflicted, by stopping the medicine, which contained a small amount of tincture of opium, which was given for the tenesmus as a rectal injection by the attend-

ing physician, and giving instead atropine, as above suggested.

I am a Regular physician by education, but I learned the above through the Eclectic *Materia Medica*. It seems strange to me that in the consideration of dysentery no mention is made of the use of belladonna for the above condition.

M. SHADID, M. D.

COMMENT.—While this indication may not be referred to, in the consideration of dysentery, in some of our works, the doctor will find in every Eclectic consideration of belladonna, that the above indications are the first indications named for the use of that remedy, and the appearance of these indications would, to every trained Eclectic, call very loudly for belladonna or atropine.

However, there is but little doubt in my mind, that with the doctor's little patient, the moribund condition was largely induced by the opium which had been given it. With us opium in any form is proscribed absolutely with small children, in any disease, and especially in dysentery, for which we have other very specific and sufficient remedies.

Cold Feet

I have seen mentioned in *THE THERAPEUTIST*, recently, several methods for the treatment of cold feet. A course which I have adopted for some time is to drop 10 drops of specific sanguinaria in four ounces of water, and give a teaspoonful of that mixture four times a day for a sufficient length of time. This will keep both the hands and feet warm. It is less trouble and more satisfactory, in my opinion, than the methods which so far I have seen advised.

WALTER H. FEARN, M. D.

White Vaseline in Erysipelas

For five years I have used white vaseline in the treatment of erysipelas, with a success that has surpassed any previous treatment. I cover the affected part with a thick layer of the vaseline, letting it extend over on to the healthy skin for an inch, more or less, as it seems necessary. The vaseline is covered with a linen cloth and held in place with a gauze bandage. The application should be changed twice daily. The internal medicine should be selected according to the indications. I will give a case

which will give an idea of the value of this treatment.

Mr. McC., 80 years old, and subject to erysipelas, was visiting his relative here, when he was taken sick with erysipelas of the head and face. I made one visit, taking sufficient vaseline and internal medicine with me to last about three days. After that was gone they came to the office and got about half as much as before. In a week's time he was on his way home. The internal medicine I gave in this case was tinct. muriate of iron, 20 drops four times daily.

The relatives were delighted with his rapid recovery as they were expecting that this attack would take him from this life on account of his age and feeble condition. Try this treatment and you and your patient will be pleased beyond your expectations.

N. J. CARRIKER, M. D.

Cold As a Cause of Disease

Replying to your editorial in the May number entitled "Colds as a Cause of Disease," how is it that colds, chills, influenza, etc., are unknown in the highest arctic latitudes? The theory of travelers is that the atmosphere there is germless, and in spite of severe exposure none of the ordinary germ accompanied or aggravated results followed.

E. B. PRATT, M. D.

COMMENT.—The theory is as yet only a theory it has been only in part substantiated. In a climate where there is steady cold there is much less disease than where the climate is changeable. The steady character of the extreme cold of the north, militates, of course, against the occurrence of the diseases found in temperate climate. The abrupt change from heat to cold is undoubtedly the cause of many diseases, primary congestions, and ultimate inflammations. In our own climate, which is full of germs, the healthiest season of the year is the middle of a cold, steady winter, with plenty of sunshine, when the cold weather has come on steadily, giving all an opportunity to well prepare themselves for it.

A Persistent Skin Disorder

There is a form of skin disease very prevalent in this locality at this time which seems to baffle the skill of most of the physicians.

Quite a number of them will not undertake to cure it, but will immediately advise that the patient consult a specialist.

In some particulars the condition resembles urticaria or nettle rash. It looks much like it, and itches and stings intensely, similar to that condition. There are elevations in the form of hard, round wheels which vary from the size of a bird shot, to the size of a buck shot, and are hard and firm to the touch. As they advance, they become larger and more tender and spread over the surface of the body. There is seldom if ever any discharge. The eruption remains out for a long time when it comes, for it comes to stay. The condition is contagious and soon spreads over large areas of territory.

So unsuccessful has been every common method of treatment that it is unnecessary to say what has been used. I have got the best results from the use of echafolta and grindelia, but this produces no results in some cases. I wish the readers of this journal would recommend a cure of this condition.

E. H. GREGG, M. D.

Euphrasia

In the May number of THE THERAPEUTIST, on page 182, you ask for experiences from those who use euphrasia. My experience in the use of this remedy is that the specific medicine in acute coryza has no equal. I prescribe it internally, and also prepare a mild solution and use this as a spray. It is also a good tonic, improving the appetite, and inducing a sense of general well being on the part of the patient.

As a collyrium in blepharitis and conjunctivitis add twenty drops to four ounces of water. It may be used freely and, with me, the results of its use have always been very satisfactory.

WALTER H. FEARN, M. D.

There is nothing in the world so much admired as a man who knows how to bear unhappiness with courage.—*Seneca*.

Ellingwood's Therapeutist

A monthly journal devoted to the study of the most direct action of drugs upon exact conditions of disease; issued on the 15th of each month.

Edited and published by FINLEY ELLINGWOOD, M. D., 100 State Street, Chicago.

Subscriptions, \$1.00 per year in advance and One Therapeutic Fact, which should be sent with the subscription.

Editorials

WHAT IS LIFE?

Scientists, in determining the character and properties of life, constantly define its operations, and not the thing itself. They characterize it as a great effect, not a cause. Huxley defines it as a form or mode of ordinary force. He says, further, that its phenomena are dependent upon the workings of physical and chemical forces, and a mass of living matter is simply a molecular machine of great complexity, depending in its workings upon its construction and upon the energy supplied to it. But he makes no effort to explain the source of this energy.

Campbell claims that life is the sum of the material conditions of the cell and cell environment which share in mutual interaction.

Haeckle accepts Huxley's statement as to its being a form of force, but makes the untenable statement that force is the result of organization occurring antecedent to a cause of its occurrence.

Haeckle further says that life first occurred in a single bioplast. As to the occurrence of the bioplast, he says, "somehow, somewhere in the turmoil of a cooling planet there chanced to be formed, there must have been formed, a bioplast."

The character of this solution of this great question is not consistent with the scientific character of its author. It is indeed a flimsy statement to offer in scientific explanation of this greatest of all forces. Because he does not recognize God, nor any

force back of physical or chemical forces, therefore to him no such force exists. He, with other materialists, like an infant, limits the existence of things *by his knowledge of them*.

There are other scientists, whose authority is as great as that of any materialist, who look beyond physical force for a cause of physical manifestation. Beale says, "Life is a power, force, or property of a special and peculiar kind, temporarily influencing matter and its forces, but differing from and in no way co-related with any other."

The Duke of Argyle says, "Let us never forget that life, as we know it here below, is the antecedent or cause of organization, and not its result, that these combinations of matter which are the abodes of life are prepared and shaped under the control and guidance of that mysterious power which we know as vitality, and that no discovery of science has ever been able to reduce it to a lower level, or to identify it with any purely material force."

Quatrefages says, "Living beings are subject to physical law—they are the seat of physico-chemical phenomena. But this law and all of these phenomena are under the influence of, are subject to, another force—life."

If a divine power creates the physical, why should it be inconsistent to argue that the essential power of the animate physical should be divine. This view is taken by such men as Grove, Pearce, Herschel, Dana, Agassiz, Carpenter, and many others, who declare that this superior force, this overruling influence, is of divine origin.

We cannot appreciate the inherent properties of matter but to a limited extent. Why these inherent properties should remain stable and permanent we cannot explain, but to the unprejudiced mind, the constant presence and invariable character of these properties—physical and chemical—must be explained upon the hypothesis of the existence of a higher power.

There can be no constant exercise of physical, chemical or vital phenomena, without the constant exercise of an over-

ruling superior force, which, being outside of the pale of scientific demonstration, can be no other than divine.

THE TREATMENT OF CHRONIC DISEASE

It is as difficult sometimes for the physician as for the patient to be patient and wait for results. This necessity is especially present in the treatment of chronic disease. In the treatment of acute cases he can produce immediate results, which will impress the patient with confidence in his methods and ability. But in the treatment of chronic cases, he is impatient of results, and his impatience is soon conveyed to the patient, who soon becomes impatient also, and consequently dissatisfied, because the results promised are not obtained. This impatience induces the doctor to make frequent changes in his medicines, thus not giving proper time for the action of any remedy.

The changes that have slowly taken place within the system, inducing chronic pathological conditions, must take a correspondingly longer time to be corrected than those which occur quickly. It is a mistake to be too hopeful in the expression of a prognosis in these cases. It is much better to say: "The patient can be cured if he follow the advice given, and persists in the treatment long enough." Persistency is the great essential.

Cases of syphilis often demand treatment for a year, or two years, especially if they come to us after having been treated with mercurials. In many cases the treatment has been continued for two and one-half years. I was consulted a few years ago by a patient with pyelonephritis. I told him his only chance, which was a slim one, was in his persisting in the treatment. He promised to be persistent, and actually took one remedy every four hours for six months without the least perceptible benefit. He then began to slowly improve and recovered completely.

Persistency, however, is of no avail unless the diagnosis is correct, and the correct remedies correctly directed. The princi-

ples of specific medication must be applied in these, as well as in acute cases, but there must be more—a grouping of indications, and a thoughtful consideration of causes, and of the changes in structure of the fluids or solids. Single indications, perhaps, will hardly demand a single remedy, but a single remedy can be directed to a pathological condition which is evidenced by a number of symptoms.

To illustrate: The persistent use of proper doses of leptandrin or podophyllin will correct, in some cases, a fault of the liver, which shows itself in a long train of disagreeable symptoms. The administration of minute doses of *cactus grandiflorus* to improve the condition of the heart, and to thus regulate its action, is the only remedy needed in some cases where the disordered digestion, dyspnea, vertigo, headaches, feebleness, constipation, cold extremities and various other symptoms had been long treated without results. On the other hand, a patient may complain of heart trouble with a long train of alarming and distressing symptoms, all of which will be permanently relieved by a good digestive agent.

A patient presents herself for advice with a train of symptoms that apparently involve every organ in the body. At first thought it would seem that the case was hopeless, but after a careful grouping of the symptoms—a thoughtful consideration of the actual conditions involved, which would possibly exercise an etiological influence, we finally decide nervous exhaustion—neurasthenia—to be the cause, and forced nutrition and the introduction of the direct essential chemical constituents of the nervous system to supply the waste, is all the treatment advised, with proper hygienic and dietary precautions, and the improvement is rapid.

INFANTILE COLIC

There is no condition that causes more anxiety to a young mother than the screams of a very young infant, which are supposed by the anxious mother to be due to intestinal colic. While this condition is a simple

one it is not always easy to manage, and if not relieved the physician may lose a good patron.

It may be due to faults of feeding. The symptoms are intermittent, screams or sharp crying spells, drawing up of the legs, and sometimes expulsion of flatus.

I have persistently advised that neither opium nor morphine in any form be used to relieve pain in infants. To be brief, stop all food that contains cow's milk. Wash out the lower intestine with warm water, very freely, follow this with a small injection of two or three ounces of very warm sweet oil. Wring a compress from very hot water, and apply over the abdomen. In recurring mild cases warm a small china plate and turn it over the abdomen, or use an infant's rubber water bag.

From three to five drops of lobelia in two ounces of hot water, given in half teaspoonful doses every ten minutes will cure many cases and often relieve nervous symptoms very quickly. Five drops of colocynth or five drops of chamomile in the same quantity of water, given in the same way, are as good or better than lobelia in given cases. Where there is actual muscular cramps, give dioscorea ten drops in two ounces of water, a teaspoonful every ten minutes. Where with mild colic there is restlessness and sleeplessness, drop five drops of hyoscyamus into two ounces of water and give as advised for the above.

An excess of the stomach acids is present in nearly all of these cases, consequently some alkaline mixture is needed. The neutralizing cordial of the American Dispensary has never been excelled. Bicarbonate of soda is apt to evolve gas, but is often good. Calcined magnesia or bismuth works well in these cases.

For vomiting I mix equal parts of bismuth and ingluvin, a dram of each in a three-ounce mixture, and given a teaspoonful every few minutes until the stomach is at rest.

It is necessary sometimes to take the child off of food entirely for a few hours, giving it water alone, then give it barley water or

thin gruel for a few hours, avoiding milk entirely. Resume milk diet, with milk and water, usually very carefully. Sometimes it will be necessary after trying all kinds of peptonized milk or predigested milk to avoid milk in any form and use some one of the many prepared foods.

CONSTIPATION IN CHILDHOOD

This subject of the treatment of constipation in childhood sometimes becomes exceedingly important. It is certainly in some cases a most difficult thing to overcome. In Campbell's "Handbook of Modern Treatment," McKee is quoted as advising the following treatment for a child from two to three years old. In this there are suggestions worthy of our consideration, but we must bear in mind that the medical treatment must not be overdone. I agree with the best writers that the care of the patient is of vital importance, and also that too much dependence should not be placed on, or too constant use made of, injections or of suppositories.

"Give the juice of half of an orange and a glass of water or of vichy on rising. For breakfast I would advise oatmeal with cream, dried bread and butter, one egg, half a glass of milk, with cream and water added; for dinner, soup, one starch vegetable (for example, potato with cream), and one green vegetable, beefsteak, baked apples, prunes, dried bread and butter, and water; for supper, cream toast, one egg, dried bread and butter or graham crackers, half a glass of milk with cream and water added; and suppositories of aloin, etc., at bed-hour. The well-known aloin, strychnia and belladonna compound pill, divided into pills of one-fifth the ordinary strength, are very valuable in the treatment of constipation in children, repeating the pill one, two or three times a day as necessary.

In the constipation of sucklings a change in the diet of the mother may be tried, or from one to three teaspoonfuls of cream may be given before each nursing.

In artificially fed children, the top milk with cream should be fed. Water,

barley water, or oatmeal will sometimes obviate the difficulty.

As laxatives, simple syrup, manna, olive oil, castor oil, or fluid magnesia may be sufficient. A conical piece of soap inserted into the rectum is sometimes sufficient, as is even a thermometer, if inserted at regular intervals. In infants after the fifth or sixth month, costiveness is an indication for the introduction of starchy matter into the diet.

The daily injection in infants of warm soapsuds by means of a soft bulbed ear-syringe, or of glycerine, 15 to 20 drops in a teaspoonful of water, is very successful. The following may be given:

R
Magnes. oxidi gr. viiss
Sacch. lactis gr. viiss

(Put a piece of flaked manna in each bottle of artificially-fed infants' food. Two to four drops of cascara sagrada, a pinch of salt in the bottle, the addition of Mellin's food to the diet, the twice-daily massage, the addition to each bottle of milk of five to ten grains phosphate of soda, and an increase in the proportion of cream.—ED.)

DRY ECZEMA

I have recently treated a most aggravated case of dry eczema of the arms and hands, which had been present for two and a half years. The patient was a very dark skinned woman, who wore a pessary until deep ulcers and purulent inflammation resulted. From this infection a general eczema developed, which slowly yielded to treatment, leaving, after perhaps one year, the condition as I found it.

The itching and pains from the deep fissures and purulent abscesses which formed beneath the integument was unbearable, and demanded active anodine remedies, and induced a condition of general debility and nerve exhaustion that threatened hysteria and collapse. She was melancholy and despondent, having no faith in an ultimate cure.

My first effort was to establish a fixed belief in the fact that she would surely recover

entirely. I then put her on a very simple diet, excluding meats, fats, coffee and tea, and advising the use of fruits and vegetables in season, freely, advising also that large quantities of water be drunk between meals.

The extreme dryness of the entire skin was very marked. There was a peculiar unnatural condition of the skin, which to me pointed to inactivity of the liver. To produce activity of the sweat glands, I gave jaborandi, five drops every two hours. For its general effect upon the skin I gave berberis in fifteen-drop doses and for its action upon the liver, I gave iris, a remedy which also influences the skin when the liver is at fault. I combined these three remedies in a prescription with the elixir of hydrastis of sufficient strength to give about five grains of hydrastis at a dose.

In addition to this, I gave one grain of the carbonate of iron every three hours in plenty of water. The bowels were to be flushed regularly and if necessary a saline laxative was to be taken.

Externally I applied for eight days, at bedtime, wet boric-acid dressings covered with oiled silk. For the itching, I ordered a solution of 10 grains of morphine and 1-2 ounce of borate of soda in one-half pint of water to be sopped gently onto the surface and allowed to dry, when the itching was extreme.

This patient has now been under treatment for nine weeks, and except on the thin skin inside of the elbow and a small area on the back of each hand, the restoration is complete, and the patient has improved very greatly both in flesh and in strength. A remarkable feature of the improvement is a very healthy appearance of the entire skin of the body, especially of that on the face.

The patient said at first that it was impossible, and had been for years, to induce perspiration. After the first two weeks so free was the action of the skin, and so constant, that I was obliged to discontinue the jaborandi, and to the formula I added echinacea and phytolacca. The condition

of the nervous system is renewed, the patient now being in the best of spirits.

I recently used berberis and carbonate of iron in a very bad case of acne, with excellent results. The improvement of the complexion is very marked.

OLIVE OIL FOR ECCHYMOSIS

Another excellent use for olive oil is its application to bruised surfaces. It should be applied hot. If applied before discoloration appears, it may prevent the discoloration entirely, if applied after it has appeared, the discoloration will quickly disappear. If there are any surfaces on which the skin is broken, these should be touched with boric acid. A piece of absorbent cotton can be dipped in the hot oil, and this should be applied and covered, great care must be taken, however, that the oil be not too hot, as its power of retaining heat is much greater than that of water. Applied to a discolored eye, at night, the normal appearance, it is claimed, will be nearly if not quite restored by morning.

GASTRIC ULCER

I have had under observation lately an extreme case of gastric ulcer, which obtained immediate relief from ten-drop doses of geranium in a teaspoonful of milk of magnesia, given every two or three hours.

The extreme acidity present in these cases calls for alkaline remedies for its neutralization. I use milk of magnesia, milk of bismuth, or the bicarbonate of soda. The latter remedy in full, sometimes large doses, is immediately indicated by severe pain. Lime water will accomplish much the same result.

The use of pure olive oil in gastric ulcer is important. It has an influence not exercised by any other agent. It has become quite popular among prominent clinicians.

CHIRATA IN THE CURE OF DRUNKENNESS

This is an annual plant that grows about three feet high, native to the northern part of India. It belongs to the family of the

gentians. It is intensely bitter. While it is used for the same purposes as gentian and quassia are used, it is held in high esteem by the natives and by many missionaries for the cure of drunkenness. The persistent use of an infusion, made by adding 1-2 ounce of chirata to a pint of boiling water, will cause a disgust for drink which, however, is only temporary unless the infusion be persisted in for some time. If after it has been discontinued the craving returns, the remedy may be resumed, with the same results as were first obtained. From one to two ounces of the infusion may be given twice or three times a day.

Diagnosis

MINOR POINTS IN THE DIAGNOSIS OF CHILDREN'S DISEASES

In the diagnosis of the diseases of childhood the closest of observation is essential, as a diagnosis in these cases is made entirely by observation. We may anticipate cerebro-spinal meningitis by the inturned thumbs before any other evidence is present. The little catch in the breath of the infant will point to oncoming pneumonitis, when there is as yet no cough, and but very few pulmonary signs.

The following points will be well to remember in treating both acute and chronic diseases of childhood:

Lividity of the skin, induced by exertion or excitement while the respiration is normal, indicates malformation of or disease of the heart or vessels. Transient circumscribed congestion of the face, ears or forehead is a most reliable sign of brain disease. Absence of tears in infants over four months of age during the act of crying, indicates a severe and probably fatal form of disease of the nervous system.

A permanent downward direction of the axis of the eyes, with smallness of the face and great expansion of the cranium, is a sign of congenital hydrocephalus. Young children do not shake when they have chills,

but have a pallor or lividity of the skin, lips and nails. Bulbous enlargements of the fingers and incurvation of the nails are signs of cyanosis, and therefore of malformation, at the center of the circulatory apparatus, or of tuberculosis or chronic pulmonary disease, attended by malnutrition.

Enlargement of the spongy portion of the bones, causing prominence or softness and bending of the bones, an open condition of the fontanelles, a large, square-shaped head and delayed dentition, indicate rachitis. A thick, meibomian secretion of a pruriform appearance collecting between the eyelids is an unfavorable prognostic sign. It indicates a state of great depression. It is observed more frequently in cerebral and intestinal diseases shortly before death.

There is often a hyperesthetic condition of the skin with certain acute, febrile and inflammatory affections. This hyperesthesia is more often found on the anterior surface of the trunk. The condition is often misleading to the physician, leading him to think that the hyperesthetic pain is of an inflammatory nature. The pain of hyperesthesia can be readily diagnosed from that of inflammation by the fact that it is so extensive, is less severe on firm pressure than on light, and is especially observed on the inner surface of the thigh.

DIAGNOSTIC POINTS OF DISEASE IN ADULTS

Swelling under the eyes; a greyish, white or waxy color of the skin, denotes granular disease of the kidneys. Swelling of the labia, on one or both sides, will accompany inflammation of the kidneys.

Carbuncles on the shoulders, or on the scapular region, are frequent accompaniments of diabetes.

Pain referred to the meatus urinarius, is sure to be the result of cystitis, prostatitis or nephritis.

Pruritus of the anus will be the evidence, often, of disease of the prostate.

Pain or numbness in the outer part of the thigh, denotes some disturbance of the

sexual organs, in both male and female. Sciatic neuralgia often depends, in females, on inflammation of the ovary; in men, on irritation of the lumbar or sacral nerves.

Pain in the heels, in females, may be the only evidence of ovarian abscess, while pain and swelling in the mammæ will evince some trouble in the same side of the uterus or fallopian tube.

A patient who had vesiculitis had an extreme pain in the region of the tendo-Achilles whenever the orgasm occurred in sexual intercourse.

THE DIAGNOSIS OF NEURASTHENIA

The following symptomatology of neurasthenia is graphic and definite, and will aid in determining the differentiation between this condition and conditions depending upon local disorder.

The principal diagnostic symptoms of neurasthenia are the following: Exhaustion without complete loss of power; insufficient reserve force for rapid recuperation from physical or mental exertion; intense self-consciousness and a habit of introspection. The patient is cognizant of the perverted function of every organ. Numerous suggestive sensory disturbances, mental depression, undue emotional manifestations, irritability and insomnia are often present. There is pain and tenderness in the back, most intense in the lumbar region of traumatic cases, in the cervical region of non-traumatic.

There is hyperesthesia and paresthesia; muscular weakness and fatigue, without paralysis of contracture; narrowing of the field of vision after exhaustion of any kind. Auditory hyperesthesia exists and the deep reflexes are increased. The pulse is accelerated by exercise, pressure over tender spots, exhaustion, irritation or excitement.

As between neurasthenia and hysteria, in the former there are no paralysis, contracture, anesthesia and convulsions, all of which are common in hysteria. Neurasthenia develops gradually, hysteria quickly, especially after emotion or shock. In hysteria, too, we have the globus hystericus.

Gleanings

CRATAEGUS OXYCANTHA

H. E. DWIRE, M. D., NEVADA, OHIO

Synonyms.—Hawthorne, haw, English hawthorne.

Part Employed.—The fruit.

Location.—Europe and North America.

Preparations.—Specific medicine, tincture, fluid extract and infusion.

The dose of the specific medicine is from two to twenty drops.

I will not enter into a botanical description of the remedy, but will proceed at once with the therapy of it.

This is one of the newer remedies, and as yet our knowledge of it is in its infancy, but I believe it is destined to be one of our most useful heart remedies.

This remedy was first used by a prominent physician named Green, who lived in Enis, County Clare, Ireland. He was well and favorably known over the greater part of Ireland and parts of England and Scotland for his reputed ability to cure heart disease. It was found after his death that he had accomplished these cures with a fluid extract made from *crataegus oxycantha*, or hawthorne fruit.

Dr. Jennings, of Chicago, in 1896, published a letter in the *New York Medical Journal*, from which I have taken a few abstracts as found in Ellingwood's "Materia Medica." Dr. Jennings had a brother living within a few miles of Enis, who informed him of these things, and the doctor immediately wrote him requesting him to send him some of the remedy, which he did. He says:

"I made a fluid extract according to the British Pharmacopeia, and have used it up to the present in forty-three patients suffering with various forms of heart disease with the most gratifying results."

Dr. Jennings began at once the most vigorous investigation of this remedy. A few months later he wrote:

"To this date I have successfully treated one hundred and eighteen patients suffering from various forms of heart disease, not including fatty degeneration and tachycardia, and of these two latter forms of the disease I still have fourteen under observation.

"Of one hundred and fifty-seven reports from other physicians using the drug in their practice, all but nine are commendatory and favorable, and of the nine, eight of them discontinued the medicine because it made them sick at the stomach, and the ninth, a physician, said it gave him a fullness in the head. If these latter had reduced the dose to five or six drops it would have had the full therapeutic effect, and would have obviated the nausea, and these, too, could then have reported favorably."

From these results it will be seen at once that *crataegus* is one of the most useful, if not the most useful, of all the heart remedies.

Crataegus has a wide range of usefulness, and yet there are certain well-defined indications for the remedy that must be adhered to.

The specific indications are: Functional or organic heart affections, accompanied with pain, dyspnea, precordial oppression; rapid and feeble heart action; valvular insufficiency; cardiac hypertrophy; marked anemia; venous stasis, angina pectoris; endocarditis following inflammatory rheumatism.

I have been using *crataegus* for the past three years, and I have learned to rely on it in many cases where no other remedy will do the work. In functional heart troubles it acts well, given alone or in combination with cactus. In arrhythmia it acts well, and sometimes very quickly. I have given it in this condition and have seen a single full dose correct the trouble. I gave it to a man a few years ago who had been having an intermittent and irregular heart action for several days, and one dose of ten drops corrected the trouble so that it was not necessary to repeat it for several days. In arrhythmia of long standing the small dose (five drops every four hours)

will give gratifying results, but in many of these cases there is a lack of waste due to sluggishness of the excretory organs in which it will be necessary to stimulate these organs and increase waste with such remedies as phosphate of soda, some form of lithia, or the iccides.

I have a case under treatment at the present time in which I am using calcidin and crataegus. The case is a boy ten years old with hypertrophy. When I first saw him his heart was twice its normal size; he had been under the care of two or three practitioners and growing worse when I was called to see him. I found the condition as above stated, together with dyspnoea, precordial oppression and very rapid heart action. I first gave him veratrum to correct the rapid and violent heart action, and I then gave him crataegus in doses of three drops and two grains of calcidin four times a day, and his improvement has been steady from the first. Within two weeks all pain and dyspnoea had subsided, and there had been no return, and the patient now, after three months' treatment, is enjoying good health.

In threatened heart failure five to ten drops administered hypodermically will tone up the heart and many times tide the patient over the difficulty. In dilatation of the heart attended with edema it is far superior to apocynum. In endocarditis following rheumatism it seems to exert a soothing effect upon the heart, relieving the irritation and restoring tone to the organ. In this condition it must be given in small doses, one to three drops three or four times a day. A favorite prescription with me is a combination of crataegus and collinsonia in irritability of the heart, especially that condition following the excessive use of alcoholic beverages and tobacco.

In angina pectoris it is said to be useful in preventing the paroxysms. I have never used it in this condition, but I believe it would be worthy of a trial.

In conclusion, I will say that while I do not claim that crataegus will cure every case of heart disease, nor even benefit every

case, I believe it is nearer a specific for heart trouble than any remedy known to the profession.—*Trans. Ohio State Eclectic Med. Society.*

AVENA

E. E. BECHTEL, M. D., DAYTON, OHIO

Avena is obtained from *avena sativa*, or common oats. It is a marked nerve stimulant and tonic, an admirable equilibrant and nerve nutrient, and as such deserves to be better known.

In order to get the best results from avena it must be given in appreciable doses, say ten to thirty minims, and if it is administered in hot water its effect is much more prompt and increased. It has a selective action on the brain and nervous system, favorably influencing the nutritive function of these organs.

Given in full doses, its physiological effect is announced by a pain at the base of the brain, and should this occur the remedy should be discontinued and in a short time begun in smaller doses.

As a stimulant it combines well with strychnine, the effect of which it serves to prolong, but when used alone it is more permanent than strychnine.

As a tonic there is no better remedy, especially in the convalescences from exanthematous and prostrating diseases. It is a positive equilibrant in nerve storm, worry, sexual neurasthenia, and all cases of nervous irritability induced by anxiety, prostration or exhaustion. Avena should be used in the nerve tremors of the aged, in chorea, paralysis agitans and epilepsy.

No remedy has given such good results in post-diphtheritic paralysis, and in general paralysis it is very effectual.

In uterine and ovarian diseases with a tendency to hysteria it is indicated, and in a case of nervous headache at the menstrual period when there is burning at the top of the head, avena will give good results.

In amenorrhea and dysmenorrhea, with a weak circulation, it is a positive agent.

In the insomnia of the nervous avena will produce rest and sleep.

Its use in impotency and the nervous disorders of the sexual indulgent will convince the most skeptical of its value. Doctors, use avena with saw palmetto or staphysagria as indicated, and your cases of spermatorrhea and emission will not fall into the hands of the charlatan.

In occipital headache small doses will give good results, especially those cases where the urine is loaded with phosphates.

In cases of nervous breakdown in brain workers avena will be found of much value.

Of its use in overcoming the habits of alcohol and opium avena has been over-estimated, yet if the right conditions of the nerves exist avena will prove to be of value.

In rheumatism of the heart avena is of especial value in giving tone to the cardiac muscle, and in debilitated conditions it will positively prevent relapse by fortifying the heart muscle and improving its energy.

Hence, in summing up the uses of avena, we will find it indicated as a nerve stimulant and tonic, and by its influence on the nutritive function as an equilibrant a positive agent in nervous prostration and in all spasmodic conditions induced by worry, excitement, or exhaustion.—*Trans. Ohio State Eclectic Med. Society.*

MATRICARIA

Matricaria, better known to some as chamomilla, is pre-eminently a child's remedy. It has two well-marked, specific fields of action: On the nervous system, subduing irritability; and on the gastrointestinal tract, allaying irritation. Its influence is well seen upon the infant during the period of dentition. In such conditions it is adapted to the restless, peevish, irritable, discontented and impatient infant, who wants to be carried about in order to quiet its nervousness and unrest.

In such children it may be equally a remedy for constipation or for diarrhea. In the former case, there is usually hepatic tenderness. In the latter, the discharges may be variously characterized—watery and greenish, slimy, green and slimy, or yellow and with white lumps of undigested curds, giv-

ing them the well-known name of "eggs and greens." Such stools usually excoriate the child severely, and are accompanied by colicky pain of greater or less severity. The urine is passed with difficulty, and there is more or less bloating of the abdomen. Flatulence is often marked and the surface is alternately flushed and pale.

Under such irritable conditions chamomile proves a useful remedy in infantile dyspepsia, and, when teething, the child cries out in sleep and there is sometimes a tendency to convulsions. This condition the remedy may ward off by controlling the nervous excitation, but it is of little value after convulsions occur. Matricaria may be thought of for the swelling of the breasts in the new-born (usually with phytolacca) and in the involuntary passage of urine in the young. For the flatulent colic of early infancy it is one of the safest and most effectual medicines.

Matricaria is valuable in some affections of nervous women. In woman or child it is a nerve sedative, and adapted to irritation and not to atony. In the latter months of pregnancy it frequently allays false pains, cough, nervous muscular twitching, and other unpleasant nervous phenomena. In amenorrhea and dysmenorrhea, with weighty feeling in the uterus and tympanites, it relieves, as it does in cases presenting sudden explosions of irascibility and in those having cramping or labor-like pains and tympanites. The hot infusion is particularly useful in suppressed menstruation from colds, and often controls ear ache and facial neuralgia from the same cause.

The matricaria patient is extremely and morbidly susceptible to pain—hyperesthetic, and the nervous apprehension is all out of proportion to the actual pain suffered. This remedy should be resorted to many times when more powerful and more dangerous remedies are selected.

Matricaria, then, is indicated by: nervous irritability, with fretfulness, peevishness, impatience and discontent; in morbid sensitiveness to pain and external impressions; in sudden fits of temper when menstruating;

muscular twitching; in fetid, greenish feculent alvine discharges, or when the stools are green and slimy or of mixed whitish curds and green mucus, associated with flatulence, colic and excoriation of the anal region; if a child, the head sweats easily and the discomforts of teething, flatulent colic, etc., are transient and intermittent, and the nervousness is relieved by the child being carried about in the arms.—*The Gleaner*.

SCUTELLARIA LATERIFLORA

J. J. BROWER, M. D., COSHOCTON, OHIO

Blue skullcap, hoodwort, mad dog weed, Sid's flowering skullcap, etc. The whole plant is officinal, and should be gathered when in flower, as it has about all the strength in the plant then, and the leaves and the flowers are the parts most generally used, although the whole plant has medical properties in it. It should be dried in the shade and kept well closed from the air, and especially from the sun and light. It is inodorous. It is said to contain essential oil, affixed oil, yellowish green, and is soluble in ether; a bitter principle, soluble in alcohol or ether; a peculiar volatile matter, a sweet mucous substance, a peculiar astringent principle, and various other salts.

Description.—*Scutellaria lateriflora* has a small fibrous yellow perennial root, with an erect, very branching, diffuse, quadrangular, nearly glabrous stem, from one to three or four feet in height. The branches are opposite. The leaves are on petioles about an inch long, opposite, thin, entire nearly membranous, subcordate on the stem, ovate on the branches, coarsely serrate and slightly rugose. The flowers are small and of pale blue color, and are deposited in long, lateral axillary racemes, with ovate acute bracts. The calyx has an entire margin, which, after the corolla has fallen, is closed, with a helmet-shaped lid, which looks very much like the old soldier's skullcap, from which it is probable the plant derived the name of skullcap.

Medical Properties.—It is a nerve tonic, astringent and stimulant. The whole plant

is officinal, and should be gathered when in flower. Generally the leaves and the flowers are the only parts used, as the roots have but little strength in them, and is more astringent than the other parts. The leaves and the flowers are one of the best known tonics. Take the green leaves and flowers, and when partly dried, make a tincture of eight ounces to the pound, and then give from five to ten drops every two to four hours. In all cases of debility, or in any case where the patient is weak and lacks an appetite, you will get good results. In all cases where old people are run down, cannot eat, have pains in the limbs and all over the body, it is far superior to pepsin or any other remedy that I have every found, and I have had a large practice for the last fifty years, and have usually treated chronic diseases. This has given the best results of all remedies. It quickens the force of the pulse, gives tone to the heart; quiets the nerves, causing the patient to rest, and then to sleep in a natural way, which is one of the things beyond all others, in the old or young patient. Good sleep is far better than medicine. In cases of delirium tremens it is a remedy *par excellence*, overcoming the effects of liquor and giving tone to the nerves; increasing the appetite, causing the patient to sleep, and in that way giving nature a chance to build up the broken-down system. It acts similar to *nux vomica* in the overcoming of the influence of liquor on the blood and on the nerve forces. It acts much in the same way in drug habits, breaking down the effects of the drug.

Three years ago I treated a case of opium habit. The patient was a man some fifty years of age. He had taken morphine by hypodermic injections for over twenty years, using twenty-five grains daily. I gave him nothing but skullcap and tincture of *passiflora*, and had him drop a tablet once or twice each day, and we had a complete cure. The patient did not lose a day's work on account of the treatment. In this case the *scutellaria*, or skullcap, made the cure.

In St. Vitus' dance it will act well, and will do more than any other remedy that I have ever used.

In cases of anemia in young girls it is the best remedy we have, giving strength to the stomach, causing a good appetite, giving strength to the nerves, causing the digestive nerves to act to their full capacity, thereby restoring good blood and the building up of the entire system.

Skullcap given to the young and to the old, as a tonic in the spring or fall, is one of the best things that a physician can give. The old can be kept strong and firm, and able to continue their business the longer.

—*Tran. Ohio State Eclectic Med. Society.*

SENECIO

Senecio is a remedy of the utmost value in the treatment of diseases of women. It was formerly much employed, but in the onward movement of therapeutics seems for some reason to have passed into unmerited neglect. Without doubt this is due to failure to observe and prescribe it according to its specific indications, and somewhat to its tardy action. To get results from senecio it must be given in appreciable doses for a long period, and while slow, its results justify its use.

A general relaxed condition of the female generative tract, with or without mucous or mucopurulent discharge, or vaginal or uterine prolapse, is the direct indication for its selection. It will thus be evident that atony is the key to use. The parts lack vigor and tone, or may be irritable and hyperemic; at any rate, the pelvic circulation is poor and the whole pelvic floor seems about to let the pelvic contents escape. The uterine ligaments are lax, and the prolapses benefited are those partial displacements due to the weakening of the ligaments and surrounding tissues.

Senecio is the best single remedy for the amenorrhea of debility. We select it with as great certainty as we would macrotys for muscular pain, or bryonia for pleuritic stitches. It matters little, however, what the non-surgical female disease, so long as

one is guided by the indications, senecio will not be found wanting in power to improve or to cure. It is with certainty a leader in this class of cases. It relieves irritation, imparts tone and vigor, and restrains undue and vitiated secretions.

Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, chlorosis, functional sterility, leucorrhea, dyspepsia, and the capillary bleeding of hematuria and the bloody discharges of albuminuria are the cases in which it is especially indicated. While holding the greatest reputation in female disorders, it is not without value in disorders of the male reproductive organs, relieving pelvic weakness, with sense of dragging and testicular pain, and frequent and painful urination.

The indications may be summed up as follows: Atony and relaxation of the pelvic contents, with dragging, painful sensations; uterine enlargement, with uterine or cervical leucorrhea and impairment of function; atonic amenorrhea; vaginal prolapse; slight uterine prolapse; pelvic weight and vascular engorgement; increased flow of mucus or muco-pus from weakness; suppressed menstruation; pain, soreness and bearing-down of the uterus; vicarious menstruation; difficult and tardy urination in both sexes. In the male tenesmic micturition, testicular dragging, and pelvic weight. In both sexes, dyspepsia, with flatulence after meals; cardialgia, associated with sour stomach and increased flow of gastric juice.—*Eclectic Medical Gleaner.*

ASCLEPIAS TUBEROSA

M. M. BRUBAKER, M. D., COVINGTON

Asclepias tuberosa, known also as pleurisy root, is a native of the United States, especially in the eastern part, and is found growing in sandy soil.

The root is the part used in medicine. The preparations of the drug are the fluid extract and specific *asclepias*; the powdered root may also be obtained, from which an infusion may be made and used to advantage.

It is to be distinguished from *asclepias incarnata*, or swamp milkweed, as the two

drugs, while bearing some similarity in action, are usually applicable to different classes of disease, the latter being sometimes employed for its diuretic action and as a stimulant to the heart.

Asclepias tuberosa is said to contain diaphoretic, laxative, expectorant, sedative and tonic properties. The drug is not, however, an active agent in any of the above-mentioned classes, but its pronounced effect is exerted upon the sudoriparous glands, and as such is an eliminative agent of much value.

As has already been said, its action is mild, but if given with confidence and persisted in the results will not be disappointing. The drug also has a beneficial action upon serous and mucous surfaces, and is found useful in many of the diseases affecting these structures. It seems to be almost specific to pleuritic pains, either in the acute or subacute variety, and if effusion is present it assists materially in its removal. In pneumonia it is of decided value, and is frequently a very good companion remedy to *bryonia*. The writer has frequently used *asclepias* in laryngitis and for hoarseness with very good results. In affections of the throat *asclepias* will be suggested if the sensation of constriction and pricking in the larynx be present. It has been recommended for the croupy, catarrhal colds of children, using one-half to one dram to four ounces of water, giving teaspoonful doses every hour. Some of the indications guiding us in the use of the remedy in this condition will be fluent coryza with much sneezing, blowing of blood from left nostril, together with itching of the nose.

The homeopathic indications for *asclepias* with reference to the respiratory organs are: Dry cough with constriction of throat causing pain in the forehead and abdomen; dry, hacking cough; breathing painful, especially at base of left lung; oppression and difficulty of breathing; in paroxysms like asthma, sharp pain shooting from left nipple downward, with stiffness at left side of neck, sharp cutting pain behind the sternum, aggravated by drawing a long

breath or moving the arms. The spaces between the ribs close to the sternum are sensitive to pressure, and the pain, which is acute, quick and darting, shoots over to the right. Pain in chest relieved by leaning forward. Acute pleuritic pain in right side, with dry, hacking cough and scanty mucous expectoration."

The field of usefulness of *asclepias* is by no means limited to the organs of respiration, but may be, and often is, of decided value in diseases of the stomach, in peritonitis and appendicitis, and in catarrhal diarrhea and dysentery it soothes the entire intestinal mucous tract.

The indications guiding us in the use of *asclepias* in diseases of the stomach and intestines are "nausea and efforts to vomit, neuralgic pains of oppressive character, weight and burning, umbling in the bowels with uneasiness or sharp cutting pains, colic pains from flatulence, dull pain in bowels on pressure."

Its action should not be forgotten in acute rheumatism. It may be combined with *macrotys*, *colchicum* or any other indicated remedy. Where there is effusion into the joints as well as into the pleuritic cavity, the agent will be found serviceable.

Dr. Blair, in his "*Materia Medica and Therapeutics*," recommends *asclepias* as a carminative. This perhaps is one reason, together with the fact that it is mild in action, why the remedy has been classed as a *child's* remedy. However, if the indications calling for it be present, its action is just as pronounced in the adult as in children.

The indications for *asclepias* from the Eclectic viewpoint may be summed up about as follows: Pulse strong, vibratile, and moderately rapid; skin hot and inclined to moisture; face flushed, acute pain; short, catching respiration, chest sensitive to pressure; short, dry hacking cough; vascular excitement and increased arterial tension; urine scanty.

The dose of specific *asclepias* is from one to thirty drops, well diluted with water; of the infusion, from one-half to one ounce. —*Tran. Ohio State Eclectic Med. Society.*

Books

HANDBOOK OF MODERN TREATMENT AND MEDICAL FORMULARY. A Condensed and Comprehensive Manual of Practical Formulæ and General Remedial Measures. Compiled by W. B. Campbell, M. D. Philadelphia. F. A. Davis Company, Philadelphia, Publishers. 1908.

It is pleasing, indeed, to observe the changes in Therapeutics that are taking place rapidly at this time. Every new work is showing less of the old empirical methods and more of the present rational suggestions which have been followed for fifty years by the so-called Irregulars, the value of which methods the profession at large is gradually acknowledging and adopting. The above work is the very latest compilation of facts in therapeutics. The topics are arranged alphabetically, and each subject is considered briefly, but definitely and clearly.

This is the first book from a Regular writer that has attempted to present "Indications" for treatment according to the method we have adopted for many years. Very many of the formulæ are followed by quite exact indications for the use of the formula. It is strange, indeed, that so important a course as this should have been persistently avoided for so many years.

While the author depends upon such remedies as quinine, the iodides the bromides, various salts, as well as the coal tar derivatives and other synthetics, he occasionally introduces some of our valuable remedies. For instance he introduces small doses of lobelia in infantile colic, dioscorea in gallstone colic, macrotys in myalgia, macrotys in dysmenorrhea, hamamelis in piles, germanium in hemorrhagic diarrhea and elaterium in very small doses for irritation of the bladder. These are only a few of the many uses he makes of our medication. In one case he reproduces an article, published in my journal in 1906 or 1907, or the facts it contains, with no reference whatever to the journal. Prof. Lloyd's name is mentioned

once or twice and Prof. Whitford's once, and others of our writers occasionally, but nothing is said to show that these physicians are not members of the old school, or any reference whatever to the source from which these valuable facts are taken.

While we occasionally find a writer that indulges in unjustifiable pilfering, it is not nearly as common as it once was, as most of the old school writers are freely referring to Eclectic authorities and honestly concede to such authorities the right of recognition for the work they have done. Some of them, however, like this author, do not realize the fact that a general recognition of the work of the outside schools would do more to abolish sect lines than any course that could be adopted.

This work contains an unusual number of good, practical suggestions, and can be recommended to those who need such a work, one that is strictly up-to-date in methods of the Regular school.

CONSERVATIVE GYNECOLOGY AND ELECTRO-THERAPEUTICS. A Practical Treatise on the Diseases of Women and their Treatment by Electricity. By G. Betton Massey, M. D., Philadelphia. Sixth revised edition. Publishers, F. A. Davis Company, Philadelphia. 1909. Price, \$4.00 net.

This work was originally written a number of years ago. It has since been twice rewritten, and greatly enlarged, until now it is a complete work on the treatment of diseases of women by electricity. I consider it a very valuable work. The author in the early edition gives us the benefit of his wide experience. As the years have gone by he has been able to confirm or disprove these experiences and introduce additional proven measures until the work has become authoritative, and in every way a reliable one. This edition contains the use of radiography, fluoroscopy, skiagraphy, and radiotherapy in all its phases.

I am a strong advocate of the use of electricity in medicine. I am convinced that no branch has a more important place. I am further convinced that but few of our physicians study either the general or specific application of electricity in a practical man-

ner, and in its field this work is certainly one of the best. I should like to send it to any one of my readers.

TRANSACTIONS OF THE OHIO STATE ECLECTIC MEDICAL ASSOCIATION including the Proceedings of the Forty-third Meeting at Cleveland and the Forty-fourth Meeting at Dayton. Edited by W. N. Mundy, M. D., Editor for the Association.

It takes the state of Ohio to get up good society meetings, and to bring out good papers. This record of two meetings is fully as valuable as many of the volumes of the National transactions have been. Dr. Mundy has edited it very carefully, and has presented the papers in good order. The beauty of most of the articles is their specific character. However, many of the papers are too short, and the statements made are cursory, and not exact. I shall reproduce during the year some of the best of the papers in this journal.

THE NATIONAL ASSOCIATION

The National Eclectic Medical Association held its thirty-ninth annual session in Chicago June 15, 16, 17 and 18. The president, Dr. Scudder, had planned for the fullest possible amount of time to be devoted to the essays. He was very successful in keeping out everything that would occupy unnecessary time, or that would prove to be dissentious and as a result everything was harmonious, highly enjoyable and profitable. On the morning of the third day of the session Dr. John Dill Robertson withdrew Bennett Medical College from affiliation in the Confederation of Eclectic Medical Colleges, and withdrew his name as a member of the Association.

Dr. Thompson of New York, president of the faculty of the New York Eclectic College, was elected president for the coming year, and Dr. Best was continued as secretary. The next session will be held in Boston, Massachusetts.

A powder to be burned and the fumes inhaled for the immediate relief of asthma is made by combining two parts of black tea and one part of saltpetre by weight, both powdered.

LOCATIONS

The office fixtures, books, etc., of the late Dr. B. E. Duvall are offered for sale. To the purchaser the location will be turned over and every effort made to secure him the patronage. This is an excellent opportunity that will require but little money. Address Mrs. B. E. Duvall, 206 First St., Dixon, Ill.

Those who expect to locate in the state of Washington, will find it to their advantage to correspond with Dr. R. O. Ball, 1116 South K. St., Tacoma, Washington. The doctor will inform them fully concerning locations and concerning the requirements of the State Health Board.

Dr. W. H. MacGraw of Marion, Indiana, desires to sell his office outfit to one who will take this practice for a few months. This is an excellent town, and it would be well to write to the doctor concerning this opportunity.

Dr. C. C. Edson, of Veedersburg, Indiana, would like to sell or rent his property there, and sell his office furniture, etc., and transfer the business. With an experienced physician, a satisfactory arrangement can be made. The doctor's eyesight has failed and forces him to quit practice. The business is thoroughly established. The town is in every way a modern one with magnificent surrounding country.

A location is open for a physician at West Ely, Marion Co., Mo. Country practice, no opposition, nothing to sell; good money from the start. A small stock of drugs all the equipment necessary. A fine place for some man to get a start. For particulars address W. P. Birney, M. D., Rensselaer, Mo.

One drop of the tincture of origanum four times a day has been useful in certain cases of nymphomania.

Ellingwood's Therapist

A MONTHLY JOURNAL OF DIRECT THERAPEUTICS

VOL. III

AUGUST 15, 1909

No. 8

Leading Articles

GOITRE

BY E. J. FARNUM, M. D., CHICAGO, ILL.

Goiter, or bronchocele as it is termed, is an enlargement of the thyroid body. The swelling may involve the whole substance of the gland, or one or the other of its lobes, or possibly the isthmus alone. Its consistency varies with the nature of the growth. It always moves with the larynx on deglutition.

The pressure of an enlarged thyroid body on the surrounding structures leads to dyspnoea; and cerebral symptoms may arise from interference with the main vessels which are displaced outwards. The trachea is especially liable to change of situation and shape from compression. It is usually flattened from side to side, and is sometimes pushed from the median line. Pressure on the recurrent laryngeal nerve leads to harshness in speaking, or aphonia, and sometimes to spasmodic dyspnoea which may prove fatal.

In every form of goiter there is probably a certain amount of anæmia, and in some cases it is a pronounced symptom. There is no doubt but that the thyroid body exercises considerable influence over metabolism and general nutrition. The total absence of the gland is associated with the disease known as myxedema or cachexia strumipriva.

Varieties of goitre: Simple, or parenchymatous. Cystic. Fibroadenomatous. Exophthalmic. Acute and inflammatory. Malignant.

It is unusual that the diseases of the thyroid body are classified into such varieties, but in my study of the subject, which has been fairly extensive, I find such a division assists very much in the treatment.

Complications may somewhat obscure the diagnosis, but in most cases the distinctions I have named may be differentiated.

Simple, or parenchymatous goitre consists of a diffuse overgrowth of the whole thyroid body, the parts retaining to a great extent their normal proportions. The growth is uniform and bilateral. One side may be slightly larger than the other. This kind of goitre is usually soft, somewhat elastic to the touch, and pulseless unless it is large. There are no distressing symptoms. The patient is aware only of the swelling in the front of the neck. Late in the course of the disease the tumor may become sclerotic from limy degeneration of the fibrous stroma and the functions of the gland be affected; and myxedema may develop later on.

Cystic goitre arises from the development of the alveolar spaces of the thyroid body, which form one or more cysts filled with a clear or opaque fluid, which may be thin or thick.

Usually in cystic goitre the tumor is very vascular as compared with the other varieties. Sometimes there is blood in the fluid of the cyst.

Numerous tortuous veins of large size lie on the inner surface of the capsule, so that when they are wounded the venous hemorrhage is profuse.

In fibro-adenomatous goitre one or more localized fibrous tumors develop in the gland, giving the goitre a nodular feel, as in any fibrous tumor. It is usually distinctly encapsulated. It is recognized by being localized, unilateral or central, and sometimes may project as a nodular mass from the body of the gland. It is deeply embedded in the substance of a general enlargement, and may not be recognized till after removal. The isthmus is a common situation for its development. Fibro-adenomatous goitres are of very slow growth as a rule.

This kind of goitre may also degenerate, either into a limy formation, or a myxoedema may result late in life.

Exophthalmic goitre, or, as often termed, Graves' or Basedow's disease, shows a diffuse enlargement of the thyroid body. With this disease there are always constitutional symptoms, as anæmia, palpitation and protrusion of the eyeballs. In most cases tremor is present.

The tumor in exophthalmic goitre pulsates synchronously with the beating of the carotids. In some cases the vessels in the tumor are enlarged and pulsate.

When the patient looks downward there is bulging of the eyeballs so that the upper lids do not follow the eyeballs, and a ring of white appears corresponding to the conjunctiva (von Graefe's sign).

These patients are very nervous, and the pulse rate is high. Any exertion or excitement increases the irritability, and the action of the heart, and may also cause considerable distress in breathing.

Some of these cases improve without treatment, and others die under the best treatment, from asthma, or cardiac complications.

In acute and inflammatory goitre the enlargement of the gland is rapid. In some cases the tumor develops in two or three days, with rapid breathing, rapid pulse, and may reach a fatal termination early.

In acute goitre we may have a variety of symptoms. There is pain in the gland, shooting like neuralgia; or the condition may be caused by infection; or there may be an embolism. Some cases of simple goitre may take on an acute inflammation. We will meet cases where there are open sloughing sores. This is the result of infection, with inflammation and fever.

Malignant goitre is an adenoid cancer, preceded by parenchymatous enlargement — a parenchymatous goitre. The malignant growth is very rapid.

You can see from the varieties of the disease which I have described that there cannot be a stereotyped treatment for goitre.

The treatment of the first three variations of goitre — simple, cystic, and fibroadenomatous, may be considered much in the same manner, and considered under one head.

In the early stage many cases are cured by medical treatment, so that surgical measures are not necessary.

Our aim is to treat constitutional conditions, as anæmia and suppression of the menstruation first. We can influence the goitre greatly by restoring the menstrual function, and by curing the anæmia, with such remedies as iron and bitter tonics. When this has been accomplished we may resort to remedies

which have a more direct effect on the thyroid body.

The thyroid secretion contains iodine; either iodine is stored in the gland or collected from the system.

Practical experience shows that iodine is curative of the three varieties of goitre first named. The best form of administration is thyroidin, but the constitutional symptoms, anæmia, disordered menstruation, and other lesions must have been removed. Five-grain thyroidin tablets should be given three times a day.

I do not believe that feeding the goitrous patient on sheep's thyroids proves any therapeutic doctrine; only that the iodine found in thyroids, or thyroid extract, is in the form that nature has provided for the proper nutrition of the system where, on account of disease, the function of the gland has become impaired.

Potassium iodide has a good effect in goitre but it is apt to irritate the stomach. It is deobstruent. The administration of large doses has been known to cause too hasty absorption of large goitres with untoward results. The absorbents could not dispose of the waste material, and the system was overcharged with it. The remedy is called for, however, in some cases.

In the treatment of goitre external applications are very important. It is possible to get benefit from iodine when applied directly to the tumor; as the compound iodine ointment rubbed into the goitre. Iodine may be used in this way together with compression of the tumor. This treatment applies to the three varieties named.

In using compression treatment simple collodion is painted over the tumor every second or third day.

Collodion may be mixed with the iodine, but it irritates the skin. Where the local treatment causes too much irritation, wait till this passes away, and

then begin again. Potassium iodide in ointment or a lotion is a good application. Most cases of goitre of the three varieties first named may be cured in this way.

As remedies thyroidin, potassium iodide, ferrous iodide, tincture of iodine and ferric chloride, or compound iodine ointment may be employed. To the medical treatment add hygienic means—outdoor life, good air and sunlight.

In some cases a cure is retarded by the habits or pursuits of the patient. I recall the case of a lady with a parenchymatous goitre. She was twenty-one years old, and accustomed to hard work, such as scrubbing and cleaning floors. Such laborious exercise is bad for goitre. You must correct the habits and pursuits of the patient which prevent a cure being affected. It takes from six months to a year, when treated in this way, to cure the three forms of goitre named.

If the goitre persists in spite of treatment, and especially if it gets worse, an operation for its removal is demanded. In those cases where the goitre is not large, and where there are deposits of calcareous matter, operate at once.

There is some advantage in operating where the goitre is small; and it is not safe to operate on a large goitre, as the hemorrhage is sure to be excessive. Such operations as ligating the vessels, and the injection of strong irritants, as perchloride of iron, have been generally abandoned. In operating only a part of the thyroid body is removed. It has been found that the total ablation of the gland is apt to be followed by cachexia strumipriva or myxoedema.

In the treatment of exophthalmic goitre, errors in the habits and pursuits of the patient, overwork, worry and poor sanitation must be corrected. If the patient lives in dark, poorly-ventilated rooms, all treatment will fail, and he will be apt to get worse. The anæmia will yield to iron. If there is sleepless-

ness and nervousness give potassium bromide or sodium bromide. Correct abnormal function. Menstrual disorders or nasal catarrh may complicate the disease, and must be cured first.

The respiration may be slowed by specific veratrum, given in five-minim doses, four times a day. This you will observe is a large dose, but it may be necessary to increase it. This treatment will at the same time slow the pulse and act as an alternative in selected cases.

Specific strophanthus will also slow the pulse and increase its volume. It may be given in five-minim doses four times a day.

A favorite prescription with me is:

℞ Ferricarbonas dr. i
Specific veratrum...oz. ii
Aqua q. s. ad.....oz. iii

M. Sig.—A teaspoonful four times a day.

Also:

℞ Ferri carbonate dr. i
Sp. varatrum dr. ii
Sp. Fucus Vesiculo-
sus. dr. iii
Aqua q. s. oz. iii

M. Sig.—One dram three times a day.

This has cured exophthalmic goitre.

Potassium bromide, given for nervousness, will also reduce the pulse. Specific belladonna, given in full doses three times a day, acts to relieve the congestion, and in some cases is curative.

Tincture of iodine may be applied to the tumor, and thyroids may be given, but it must be done with great caution, as the latter is apt to increase the difficulty. The compound iodine ointment may be applied, but not collodion, or any kind of pressure.

In selected cases of exophthalmic goitre partial thyroidectomy may be resorted to. The details of the operation as being followed by us have been described above for other varieties of goitre. Usually a partial thyroidectomy is

followed by a diminution in the size of that portion of the gland that is allowed to remain.

If the patient withstands the operation, a cure of the exophthalmic symptoms will follow in nearly every case. The exophthalmia will persist for a time, while the operation itself is not dangerous.

It is always well, however, to treat the case medicinally for a time for the amelioration of the constitutional condition, before resorting to an operation. But if the case is severe an operation is not warranted, as the pressure on the trachea increases the danger from anæsthesia. Syncope is apt to follow the operation, and death result in a peculiar and mysterious way.

In acute, or inflammatory goitre, specific veratrum and specific phytolacca should be given. Use the specific medicines. Apply a wet dressing of a solution of tincture of iodine in water. If suppuration occurs open the abscess, dilate the wound, and wash out the abscess cavity and insert drainage as in other cases of abscess.

The treatment of malignant goitre is operative, or the total extirpation of all tissues involved in the disease.

Whether you should attempt the operation or not will depend on the tissues that are involved. The infiltration of the surrounding tissues, when extensive, will render its removal very difficult. In any case of malignant goitre the operation is of a formidable character and the mortality very high.

For flatulence common during the early course of the pregnant term the sulpho-carbolate of sodium should be given after meals in doses of from five to fifteen grains.

Hiccough has been cured by the use of the tincture of gingseng.

DYSPEPSIA—CAUSES AND TREATMENT*

N. A. GRAVES, M. D., CHICAGO, ILL.

It is my hope that those who listen to this paper will not be disappointed if they do not hear a scientific discussion of dyspepsia but a plain talk on the causal factors and the treatment of that disease.

Stomach troubles coming under the term dyspepsia are of great frequency. It can be safely stated that the majority of American men and women after the age of forty suffer from some form of dyspepsia. There are diseases which cause more pain, diseases which are more loathsome, but few which cause the patient more general distress than do some of the varieties of dyspepsia. The first and most important cause is undoubtedly *overeating*,—not overeating after dyspeptic symptoms have fully developed, but overeating in early life. There are few people who do not eat too much. Take, for example, the country lad. He will eat for breakfast, fried eggs, fried potatoes and often fried meat, bread, butter, a glass or two of milk or a cup of coffee, perhaps a doughnut or two, and finish with half a dozen pancakes with syrup.

Owing to active physical outdoor exercise during the forenoon and a stomach that is strong and healthy, he succeeds in digesting the food possibly by noon time, and at noon the meal is repeated with the addition of cakes and pies and some heavy meat. The stomach is distended beyond its proper capacity but is able to digest the load, and at six o'clock another meal is eaten which is but little less heavy than the noonday meal.

I believe you will agree with me that this picture is not overdrawn. The boy or man is not only given all he can eat, but is urged to eat this or that article

of food even beyond his natural desire. Our good mothers, while they had nothing but the best of intentions toward us, have undoubtedly done much toward raising a race of dyspeptics by the preparation of rich articles of diet and by urging their children continually to eat more, when it would have been far better for our stomachs had they said "eat less." I consider over-eating, then, the first and most important cause of dyspepsia. A boy may live through to manhood. He goes to the city and begins a life not so active as formerly, but eats fully as much, and the result is dyspepsia. The city lad may not eat as much; many do, but in other ways I shall discuss, he brings about the resultant dyspepsia with just as great certainty as does his country cousin.

Second in importance comes hurry and worry. The rush of the American people is proverbial. Even in the country, where you would suppose that there could be plenty of time for meals, we find farmers hurrying in to dinner, eating rapidly, thinking of their work outside and hurrying back. This is exaggerated in city life. The business man eats a somewhat hurried breakfast. He hurries to his train, runs up the elevated steps to catch a car, or runs a block to head one off when a second car is following in plain sight. At two minutes after twelve he hurries to the lunch counter, rapidly he grabs up what comes most handy, bolts it down and hurries back to his office. Do you think this picture overdrawn? If you think so, come with me to one of Chicago's busy lunch counters today during the noon hour; stand around till you can find a seat and then have two or three men stand back of you ready to fill your place the moment you arise. Here you will get an idea of the rush and worry and hurry that there is at a Chicago lunch counter. A few days since I sat at Vogsang's lunch counter, eating. There was

*Read at the June meeting of the National Eclectic Medical Association, Chicago.

a young man of about twenty on one side of me, and a man of thirty-five on the other. The one on my right ate two ham sandwiches, a piece of apple pie, and drank a cup of coffee. He looked at his watch three times during the eight minutes he was there. His face showed that he had some kind of an appointment, and he must not let a little thing like digestion interfere with it. The one on my left had a rare roast beef sandwich, with good rich, greasy gravy, and a cup of coffee, and pie. He did not look at his watch, but he made record time, finishing in ten minutes from the time he entered. If this occurred once a month it would do little harm, but it is the recurrence day after day that leads to disaster. The majority of people, also, are thinking of their business, worrying about some care or other, while they are eating; in fact, much business is transacted over the restaurant table, and the worry of family or business life is one of the important causes of dyspepsia. Along last March I stood on the wharf of the Clyde line steamers at Jacksonville, Florida, about the noon hour. Some twenty or more colored women were lined up there selling all kinds of eatables—fried chicken, baked beans, fried potatoes, etc., and grease was one of the strong points in every article. The negroes were the best customers, and very few suffer from dyspepsia. Why? Because they are most of them absolutely care free. In conversation with a number of physicians in the southern cities I learned that few negroes have dyspepsia, and the reason ascribed is their freedom from worry or care.

Third in importance comes the lack of proper mastication of food. A few years ago an American, Horace Fletcher, who had suffered for many months from a dyspeptic trouble, began what he believed to be the proper mastication of food. Possibly he exaggerated some-

what, but in any event he recovered his own health and has done an enormous amount of good since, by teaching the people of the world to properly masticate what they eat. You all know what the term "Fletcherism" means, and while this may be over-mastication, it is not to be belittled, as the improper chewing of food is certainly to be classed as one of the very important causes of dyspepsia.

Fourth comes the eating of too much meat and fats. The great majority of individuals can live better by eating very moderately of meat, and many are better off if they eat none at all. Even those who do much physical labor get along well with meat once a day. The climate and temperature will have much to do with the amount of meat or fats that should be eaten. During the winter months more meat is required than during the summer.

Fifth in importance comes irregularity of meals. Dyspepsia is caused in many cases by the pernicious habit of eating at any old time, and while I believe it is right to eat when one is particularly hungry, the habit of eating cake and coffee, ice cream, and light lunches at any time is one of the frequent and direct causal factors of dyspepsia.

Lack of proper rest is sixth in importance. The individual who keeps late hours, who is irregular in his hours for sleep, who eats food in quantities directly before retiring, who does not rest his mind and body at regular intervals, is a frequent sufferer from dyspepsia.

Seventh: Drinking large quantities of fluid with the meals is also a cause of dyspeptic troubles. This is true of tea, coffee, water or any other liquid.

Eighth: Improper food and improper food preparation is also an important causal factor. The eating of heavy meats during the hot summer time and the eating of a great deal of fried foods at any time are frequently direct causal

factors in many families. We find, often, that practically everything is cooked in grease; eggs, potatoes, meats, all are cooked in lard or butter, making them difficult of digestion for even the strongest stomach.

Ninth in importance we must consider the personal habits of an individual as a cause of dyspepsia. Chewing tobacco to excess is a frequent cause. The immoderate drinking of alcoholics, coffee, strong tea, or chocolate is a frequent cause.

Tenth: Very hot or very cold food taken into the stomach is a common cause. Ices, iced lemonade, beer, etc., are productive of dyspepsia. This is more particularly true when large quantities are taken with the meals.

Eleventh: The condition of the teeth must be considered, for poor or diseased teeth are a frequent cause of stomach troubles.

While there may be other causes, I think we may consider these the most important causal factors, and if so, what can be done to prevent the disease, and what can be done to cure it once it occurs; First, general education of children as to how, when and what to eat: This should be done in the public schools through competent physicians who would be willing to give such instruction. The first factor in the prevention and cure should be the examination and care of the teeth. In the school this may be done by the visiting nurse or doctor. There are none so poor that they cannot receive attention in the great dental schools of our cities. In private practice, the teeth, mouth and nasal cavities should be carefully cared for. This is a great essential if we anticipate relief from these diseases. Instruction in the quantity and quality of food to be eaten should be given. I am frank to confess that I cannot lay down any set rules for the diet of dyspeptics, neither am I willing to concede that anyone else can do

so. I have no dietary fads; I fully believe the Good God made both animal and vegetable food for mankind, and that their reasonable use is what he intended and is to be commended,—their abuse censured. Too much beefsteak may act as a poison, so may too much bread. Either one is excellent food when carefully prepared and properly eaten. Man is omnivorous; he shall eat any kind of food in moderation—he should not be a glutton. Let us confess, then, that there is no absolute law as to diet, even in such diseases as diabetes. Let us find a diet for each individual case; let us be Eclectic here as in medicine. As a general rule we may say, avoid all fried or greasy foods, pork, or raw vegetables, such as onions, radishes or lettuce, and rich pies and cakes. But there are exceptions to this, and many dyspeptics digest bacon or lettuce well when properly eaten. The patient is to be considered. If food he desires is digested he may continue to use it. If it disagrees, it is to be discarded.

For a good many years I have had each of my dyspeptic patients carry a little memorandum book in which to write the things eaten at each meal and the length of time taken for eating. If, then, some article disagrees with them, it was omitted from the future dietary list. I, as well as my patients, have received much valuable information from these lists.

The avoidance of hurry and worry is most essential. Better go without a meal than to hurry through with one, or to eat when under great mental strain or excitement. Eat, too, only when appetite or desire for food is present. It is folly to attempt to feed a dyspeptic when he does not desire food. And this is as true of other diseases, not excepting consumption. Be sure that the food is properly chewed, chewed until it is fully pulverized, and thoroughly mixed with the saliva. If this be done, little

or no liquid will be desired with meals, and the appetite is satisfied with much less food. Insist on reasonable regularity at meals, regular hours for rest, recreation and bathing. If the patient's habits are bad, if he smokes, chews or drinks to excess, reform these as far as possible. I am sure the moderate use of an occasional cigar or a glass of beer does not influence dyspepsia badly, and I have seen a few cases of atonic dyspepsia with hyperpepsia positively improved by drinking a small glass of beer with the dinner.

To recapitulate:

1. Eat moderately as to quantity.
2. Avoid hurry and worry.
3. Chew all food thoroughly.
4. Eat meat not oftener than once a day.
5. Eat regularly and only when there is desire for food.
6. Do not drink at meal time.
7. Select food that is most agreeable to the patient, and allow him to do the selecting within reasonable limits.
8. See that all food is properly prepared.
9. Do what you can as to habits.
10. Have the patient take regular exercise in the open air and practice deep breathing.
11. Avoid very hot or cold drinks or foods.
12. Have the teeth kept in perfect condition.
13. See that the bowels are kept open and drink water freely between meals.
14. Medicines.

From a professional experience of nearly twenty years, and a private personal experience of four years, I know that much can be accomplished with medicine in many of these cases. If there be great hyperacidity with much belching of gas or sour food or water, some of the citrus foods eaten imme-

diately before meals are very helpful. I have in mind at least five cases where the eating of a half grape fruit before meals did much to prevent extreme acidity. If pain the stomach with hyperacidity be present one-half to two hours after meals a combination of charcoal, sodium bicarbonate and papain will relieve most cases promptly. The sodium bicarb. will, in thirty grain doses, often do this. I frequently use xanthoxylum frax. with the sodium in doses of 20 to 30 mm, and give it in hot water. Abbott's sodoxilin is an excellent preparation of this kind. If there be a deficiency of acid in the stomach, small doses of magnesium hydrate, a teaspoonful one-half hour before meals, and from ten to thirty drops of dilute hydrochloric acid in essence of pepsin, given one-half to one hour after meals, is very useful. If there be a general atonicity, as shown by a broad flabby tongue, then nux vomica, hydrastis, and glyconda will be found very valuable and curative, but it should be given for a period of several weeks. If marked irritation of the stomach, as shown by the sharp-pointed, red tongue, with a coating at the base, small doses of ipecac and hydrocyanic acid or amygdalus, and stomach rest for a few days, with strictly milk diet, will give relief. If the pain in the region of the stomach be paroxysmal, sodium succinate in five-grain doses, a. c., will not only relieve, but seemingly cure. I have found chionanthus valuable, also, in this class of cases.

Where the tongue is fairly red and clean, showing rather irritation than atony, and there is much belching of gas, I use lac bismuth and lac magnesia, Phillips, a teaspoonful of the former to a tablespoonful of the latter. Uniting with the acids in excess on the stomach they are neutralized, fermentation is lessened and a decidedly laxative effect is obtained. When there is great hyper-

acidity with constipation, the magnesium carbonate in large doses may be used, followed by a little orange juice for a laxative effect. For the feeling of fulness in the stomach liquid take diastase, papain or ginger are my most reliable remedies. In severe atonic conditions I depend on capsicum, nux vomica and hydrastis. The bowels must be kept well open by selected means. Mechano-therapy is useful here, and often helpful in dyspeptic conditions.

While no one can say just what remedy is the remedy without knowing the conditions, those mentioned are among the valuable ones, not only for relief but for the cure of dyspeptic conditions. If a careful selection be made and the proper dosage given medicine is indispensable.

INDICATIONS FOR BAPTISIA

In those cases of acute disease where there is fœtor of the breath and where the skin about the mouth and nose seems to be darkened, where the tongue is coated with a dark coat and there are sordes on the teeth, this remedy is indicated. There are some cases with these symptoms; the brain seems to be overwhelmed with the toxins, and where there may be rapid or panting breathing for a short time, alternated with a period in which the respiration is very slow. These symptoms are observed in low forms of fever, in scarlet fever, in diphtheria, and in the so-called black measles. In these cases the remedy is very prompt.

The sulphite of soda in a saturated solution will be found very useful in some cases of eczema of the face and hands.

In the treatment of some cases of seminal emissions, fifteen or twenty drops of the fluid extract of macrotys in a little water has been given after meals with excellent results.

THE RELIEF OF PAIN WITHOUT OPIUM OR ITS SALTS

MARGARETHA WILKENLOH, M. D., CHICAGO, ILL.

Pain is included in almost the entire field of medicine. It is produced by changes which take place in the nerve cells, especially in the sensory nerves, although change in motor nerve cells produce conditions which result in pain. It is often the symptom for which the physician is called. It is therefore necessary that a thorough knowledge of the pathological lesions present should be determined, in order to determine the real seat and cause of the pain. Furthermore, there must be a knowledge of the physiological conditions and of the therapy of the drugs which enter into the cure of the disease. This is not to be determined alone for the relief of the pain, but for the removal of the underlying pathological conditions which cause the pain.

I will present first, external measures. Application of water either hot or cold should be considered; or dry heat, and the ice bag, as they are sometimes preferable to moist heat and cold. Cold applications at first cause contraction of the end blood-vessels that ramify through the diseased area, or through the organ affected. This sometimes starts up the capillary circulation, and thereby diminishes the blood supply. This, by removing pressure upon the peripheral distribution of the nerve, by its stimulating effect upon the nerve fluids, diminishes irritability of the nerve cells of the end organs of the nerves which are distributed to the muscular structure.

When cold is applied, the skin must be hot and dry, the pulse full and bounding, and the general condition of the patient such that he can withstand the shock that is produced by the cold application. This inability is sometimes so great as to preclude the use of cold entirely.

Hot applications should be made where we have a feeble circulation, with a small pulse of low tension. The first effect of heat in its action on the sensory nerves through their peripheral vessels, dilates and increases the blood supply to the diseased area. It actively stimulates the capillary circulation, causing it to become at once more rapid. The venous capillaries are unloaded into the veins; the arterial capillaries quickly bring in a new supply of blood, and carry off broken down cells; an active metamorphosis of tissue takes place, and pain vanishes.

Libradol.—The name of this remedy signifies relief from pain. It contains active ingredients, some of which are motor depressants and some are stimulants. It was constructed from the compound lobelia powder of the fathers. We have in libradol an external application for the relief of pain which is very valuable. It is not necessary for me to consider the physiological action of the drugs that enter into its composition.

This combination is one that relieves pain by overcoming the underlying pathological conditions. It has a direct influence upon the capillaries within the diseased area, and upon the sensibility of those nerves that supply the structures within that area. It induces muscular relaxation and permits a free capillary circulation to be re-established. With properly adjusted internal remedies, it not only relieves the pain, but causes a rapid elimination of the morbid products from the system. It should not be applied as a poultice only a very thin layer should cover the area, and if vomiting occurs, the application should be removed.

I have had two cases where bad results occurred from the too free application of this remedy. Both were children, one a babe of ten months, and a child seven years old. Contrary to the directions, the mother applied a thick

layer of libradol over the back and over the entire chest. Soon vomiting took place and the children showed signs of great depression. The pupils very dilated, the eyes were half closed, the circulation was very feeble, the breathing slow, the face was pallid, and there was mental dulness and drowsiness with persistent vomiting. The extremities were cold, and there was alarming prostration. The indications were plainly those for belladonna and stimulation. I stripped off their clothes and gave them a hot bath. I rubbed the skin with a coarse towel and gave belladonna every 15 minutes. They went into a restful sleep and normal respiration was soon re-established.

Turpentine and echafolta, when applied externally I have found will relieve pain in those cases in which the heart is feeble, the capillary circulation sluggish, with a tendency to congestion around the air cells in the structure of the lungs. Here we need an external counter-irritant to reinforce the capillary circulation. The action of these two remedies is upon the capillaries and the benefit at once occurs, in freeing the air cells, permitting a more natural respiration. They overcome the pain, by reducing the irritability of the vaso-motor nerves.

Pain produced by traumatism which induces tumefaction and swelling, is not only relieved by echafolta externally, but the swelling is also reduced. Pain in lacerated wounds and pain induced by the bites of insects and the poisonous bites of animals is quickly overcome by echafolta. I give this remedy internally in conjunction with scutellaria. The first acts as an antiseptic, antagonizing the poison in the blood. The second prevents nerve irritation and acts as a restorative to the nerves which are directly influenced by the powerful toxins within the system. Many of the poisons from the poisonous bites of animals, expend their entire force upon the nervous

system. It is in these cases especially that full doses of *echafolta* and *scutellaria* should be given together.

Baptisia as an external remedy is a pain reliever of great value in a certain class of cases. A typical illustration of this class is that of chronic tibial ulcers, old ulcerations on the legs, where there is a constant dull pain with a persistent aching sensation, where the entire surface is of a dark, bluish color which denotes passive venous engorgement or stagnation, with a constant tendency to ulceration. The pain always present and especially preventing the patient from sleeping at night. I make a solution of *baptisia* one part, and water two parts. With this I saturate asepsin lint and apply it to the entire diseased surface. It is a stimulant to the nerves and capillaries. It assists in restoring the activity of the capillary circulation. It brings new blood to the part; it relieves pressure on the nerve, and pain soon vanishes. Combined with other indicated remedies, I find this an important agent in the cure of some of these stubborn cases.

As to internal remedies that relieve pain, *bryonia* is indicated where the pain is lancinating—stitch-like in character. It is common in inflammation of the serous or synovial membrane. By its action upon the dense capillary net-work of the inter-cellular structures surrounding the air cells, it overcomes irritability both of the sensory and motor nerves.

I combine *bryonia* with *asclepias* in inflammatory disease of the respiratory organs, because the field of action of these two remedies is directly upon these structures, and their combined influence is a most harmonious one, I believe, not only upon the structures themselves, but upon the structures also of the vasomotors and on the vagus and sympathetic nerves, both relieving and preventing pain from the inflammatory action.

Gelsemium relieves pain of a throbbing character in the head or face when

the face is flushed, or when there is great heat in the skin with nervous excitability. It is a specific remedy for neuralgia and pain due to irritability of the nerve cords. I have found that the pain of malignant growths or the pain of aneurism which is produced by compression or tumors on the nerves that supply the arteries, or enlargements of any kind that impress the nerves, or that interfere with the free circulation of the blood, is controlled by the use of *gelsemium*. I give the remedy in small doses and repeated frequently, often for a long period.

Jaborandi relieves pain when the skin is dry and full, where the tissues are actively inflamed, or where joints are involved, often accompanied with excruciating pain, where there is stiffness of the joints, with vascular obstruction, or where there is effusion, or fibrous exudation into the joints, or cavities, or into serous structures. I have found it to unload the distended capillaries, to produce free action of the skin, and thus quickly relieve the pain.

Sticta relieves pain of a sharp, shooting character beneath the shoulder blades, especially the right shoulder, or in the back between the shoulders, extending upward into the occiput, with a sense of deep soreness. It has an influence I think on the ganglionic system of nerves, thus controlling pain.

Mullein oil is indicated by pain in the ear, of a dull, throbbing character. It is dropped directly into the external ear. It may be used in conjunction with *passiflora* where nerve irritation is pronounced, and may be used for toothache, dropped directly into a cavity, by its direct action upon the dental branches of the tri-facial nerve.

Sanguinaria relieves pain when there is a dry, irritating cough with a sense of constriction in the throat. It has a specific action upon these structures, and is sometimes a superior agent.

Rhus tox. is indicated in pain of a sharp, shooting character, especially in the supra-orbital nerve, especially that of the left orbit where there is a sensation of burning in the eyes with considerable restlessness; where the pulse is sharp and quick with perhaps some fever. It seems to me that it acts upon the cellular structures, also upon the tendons and nerve sheaths.

Phytolacca, while not a specific pain remedy, does relieve pain and soreness of inflamed glands. It is a specific remedy in the treatment of both acute and chronic glandular inflammation where the glands are hard, indurated, tender or painful. This is true also of tonsillitis and inflammation of the glands of the throat. For general glandular disease it may be combined with *oxydendron* with which it gives better relief, acting also upon the nerves which control the glands. Pain in the breasts or in the ovaries or testicles when these organs are inflamed, rapidly abates when this remedy is used.

Triticum relieves pain in the urinary tract in both male and female, especially pain located in the lumbar region. It acts directly upon the urinary structures, and especially upon the posterior roots of the sacral nerves. If the pain is deep-seated in the region of the kidneys, with difficult urination, or with cutting pains in urination it may be combined with *hydrangea* with better results. With this remedy, while it relieves the pain, it favors elimination of gravelly deposits.

The pain which *cactus* relieves is restricted to the region of the chest and heart. It is accompanied with feeble circulation, irritability of the nervous system at times, and with cold, clammy extremities. It exercises its direct influence upon the cardiac plexus, and upon the sympathetic nerves. It is through this influence that it relieves pain.

Cratægus relieves pain in the heart accompanied with precordial oppression

and with venous stasis. The pulse is rapid and feeble, and there is usually mitral regurgitation. It is especially valuable in patients advanced in years.

Apocynum exercises an influence upon the heart when with infiltrated tissue and fullness of the cellular tissue with general edema, there is sudden, sharp, darting pain through the heart. It exercises a direct influence in relieving the edema, and in reducing dropsical conditions. While it stimulates the action of the kidneys and in full doses may irritate the bowels, its most direct influence is upon the heart. It relieves irritation of the entire sympathetic nervous system.

The pain in the heart which *veratrum* relieves is spasmodic, very severe and sudden, with powerful heart action. It is due to over-distention of the heart from violent circulatory action. It lowers blood pressure, diminishes vaso-motor irritation, and overcomes spasm. The best results are obtained hypodermically.

Lobelia relieves spasmodic pain, especially when there is a sense of constriction in the chest, with full oppressed pulse, and difficult breathing, or if spasmodic asthma is present. In respiratory disease which involves the mucous membranes and where mucous rattling is present, or where the air cells are obstructed, due to a tenacious deposit, the pain is controlled by the direct influence of this remedy upon the peripheral vaso-motor nerves.

Colocynth controls pain within the abdominal cavity, the organs influenced by the solar plexus of nerves. It is indicated where there is distension from gas, or pain from the presence of intestinal irritation, also when there is a pendulous abdomen, or during labor and for after-pains. The especial characteristics of the pain, are sharp, cutting and griping pains. It is valuable in the treatment of simple infantile colic.

Macrotys relieves that constant aching which sometimes amounts to pain in

which there is a drawing sensation in the muscles as if the muscles were too short. The pain is increased on motion or on contraction of these muscles. The pain is inconstant, intermittent, and usually the skin is hot and dry, and there is an open, free pulse. It relieves pain in the reproductive organs by relieving irritation of the sympathetic nerves. Combined with jaborandi it is valuable in the pain of suppressio mensium, increasing the deficient nerve energy. For cramp-like pains in the pelvis I combine it with viburnum prunifolium.

Xanthoxylum will relieve hepatic pain which is produced by obstruction of the bile ducts in those chronic diseases where the venous circulation is sluggish. It is a direct stimulant to the capillary circulation and it is this influence which relieves the pain. It is beneficial in pain of a chronic character, in any disease of the liver where there is a saffron color of the skin and conjunctiva.

Chionanthus is a pain reliever with the above symptoms also, and where there is dull persistent pain with a sallow coating of the tongue with a pale ring around the mouth and general relaxation of tissue. In these cases it may be combined with nux vomica, or it may be given with dioscorea in bilious colic, especially when there is thought to be gall stone. These may be combined with hydrastis, if there are paroxysms of pain with dirty, yellowish coated tongue with sluggish venous circulation, or it may be combined with podophyllum.

I believe that chionanthus, hydrastis and podophyllum have much influence in removing foreign growths, even those at times that are malignant in character.

While opium controls pain for the time being, it seldom influences the underlying pathological condition. It is a nerve paralyzer and depressant. It locks up the secretions, covers up many important symptoms, interferes with the functional

operation of important organs and, if persisted in, establishes the opium habit.

ERYSIPELAS

F. E. PRICE, M. D., MAROA, ILL.

Definition.—Erysipelas is a specific, acute contagious disease, of the skin and subcutaneous tissues, always having a characteristic, specific inflammation, which has a tendency to spread, temperature is usually high, prostration usually moderate, a disposition to mixed infection, and the average duration about fourteen days. The disease is often an epidemic form; but usually endemic.

Etiology.—The specific cause is said to be the *Streptococcus erysipelatus* of Fehleisen, and is probably the ordinary pus-producing streptococcus. Frankel and Kirchner claim that their results of investigation offer convincing proof that there is a separate streptococcus and not a streptococcus pyogenes; but the most observers are willing to contend that there is no distinction.

We do find, though, that whatever this streptococcus is, that it abounds by the thousands in the lymph-vessels and connective cutaneous tissue, also that they are rarely found in the blood-vessels, and blood-serum; but when we consider that erysipelatus inflammation can be produced experimentally by the staphylococcus, the fact almost makes us believe that it may be shown in the future not to be a specific disease.

Predisposing Causes.—Seasonal influences have shown that the cases increase in number from August to April and that April gave a greater number of cases than any other previous month. Then from April to August the number of cases decrease. Again, February, March, April and May have shown more than half the cases recorded in a year's statistics. I think that it will be found to be a positive fact, that a low barometer and mean relative humidity is al-

ways noticeable during the time of the greater number of cases are recorded.

Age is admitted as a factor of predisposition, about twenty-five per cent contract the disease between the age of twenty and thirty years, and about fifteen per cent before the age of twenty. The percentage decreases rapidly after the age of fifty years. Of course the great liability is well known of newly-born infants.

Sex does not seem to make much difference; but some writers claim that the male predominates in liability.

Family predisposition exercises a decided influence, at least in my own practice.

Another cause, are slight injuries and abrasions. It is claimed by some, that erysipelas will not develop on a surface that does not present a break in the skin.

The contagion may be conveyed by the air; but to what distance and under what conditions is not definitely known. It may be conveyed a short distance, by unclean hands or persons, instruments and fomites. A physician should always be very careful about his clothing and person, when treating a case of erysipelas, should he be called to an accouchement, as the mother may contract intra-uterine erysipelas or infection.

Therefore, after all this investigation, we have to admit that it undoubtedly belongs to the class of zymotic diseases in which there is a blood poison. What this blood poison is, we do not know. The mode of generation is unknown, farther, than it seems to produce in certain depressed conditions of the various systems, where there are rapid waste of tissue, and imperfect excretion. Hence the reason, we have the occurrence of intra-uterine infection.

Pathology.—The specific inflammation involves the skin, subcutaneous, and sometimes the mucous surfaces, however this is somewhat uncommonly the

result. When the inflammation extends to the subcutaneous tissue, we often encounter suppuration. The inflammation does not seem to differ from that produced by other causes in the beginning, farther than the circulation is impaired. But as it advances, the tissues seem to lose vitality, and the exudate is of a depraved serum, rather than a coagulable lymph. Pericarditis and endo-carditis may be noted.

Symptoms.—The symptoms are at first local, which become general. Locally the affected parts feel hot, tense, and painful, also tender to the touch. Soon, and very soon a circumscribed area, usually small, becomes red, swollen, firm and shining, and almost simultaneously the pain, heat, redness and swelling become aggravated. It usually starts on the nose, but it may be on the ear or elsewhere about the head or face. The inflamed swollen area spreads to one or the other side of the head. A sharp line of demarcation separates the diseased from the skin that is unaffected, in the form of an elevated ridge. The ridge is always irregular in outline.

At the time of the inflammation there is seen advancing, numerous tiny red streaks and spots, which finally mingle solidly together. The redness becomes more intense as the case advances. The naso-labial folds and border of hairy scalp, often prevents the further extension of the inflammation. In the average cases, the face is much swollen, eyes closed, due to tumefaction of the eyelids. The ears are usually enlarged and in most cases one ear is swollen more than the other, the scalp becomes swollen and tender. In exceptional cases the inflammatory process extends from the head to the arms, trunk and lower extremities. In these cases the face may be healed while the disease is still spreading.

The inflammation subsides and the line of demarcation grows pale, as soon

as the disease is arrested. Circumscribed areas of the epidermis, become elevated occasionally and give rise to large or small bullæ, and suppuration. If the infiltration grows intense, the parts may become gangrenous. The lymph glands become enlarged and sore to touch,—this condition is common. Especially the cerebral and cervical lymph glands. Desquamation always follows erysipelas, leaving the complexion very delicate. And usually the hair falls out after an attack.

General Symptoms.—The onset usually begins with repeated chilly sensations and occasionally a severe chill or rigor is experienced in the beginning, and I might say, just now, that in those cases the temperature rises more rapidly and higher than in the average case. It will range from 104° to 105° F. on the first day in the evening, and also as a rule the maximum temperature reaches 105° to 107° on the evening of the third day. (One case I had, however, had an even degree lower than the morning). Marked nocturnal remissions are the rule, in most cases. At the end of a week the temperature declines rapidly to normal, and usually in 24 to 36 hours.

In some cases, however, the course of the fever is prolonged, and defervescence may be less critical. When complications are present an irregular temperature curve is presented,—the same may be said of erysipelas migrans. The pulse is usually frequent and of good volume. The tongue is furred, nausea and vomiting occur, which are due to sepsis or septic condition of the alimentary canal. The bowels are most always constipated, then on the other hand we may have a diarrhea, to develop in the latter stage of the disease.

The nervous symptoms are in some cases marked, and in others scarcely noticeable; but I have usually found an intense headache, restlessness and mental disturbances at night. In drunkards de-

lirium tremens may suddenly develop. Again in the severer forms we may and usually do have delirium at night.

The urine is characteristic of all febrile diseases. (Containing albumen). The inflammation has extended to the mucous membrane of the throat and larynx. Even the serous membranes may become involved; but those are rare cases. Often in old persons the case may develop a typhoid condition.

Complications.—The complications that may be of particular reference, are as follows: Abscess, rheumatism, delirium (active), delirium tremens, active diarrhea, pleurisy, phlebitis. Acute nephritis, synovitis, tonsillitis, otitis media, acute bronchitis, and pneumonia. If pneumonia appears, it usually appears early. I believe, that Anders records one case of meningitis, only.

Varieties.—We have three separate varieties that must be referred to, as follows: Erysipelas neonatorum, which is the result of infection of the stump of the umbilical-cord. The inflammation spreads from the navel to the thighs and genitals. This disease is usually fatal as most children at that age are unable to survive the high fever, and collapse. The prognosis is always unfavorable in this form.

Relapsing erysipelas is, and constitutes the chronic form, recurring at shorter or longer intervals, and in the same location, usually. It is usually due to a deep-seated abscess.

The Phlegmonous or cellulocutaneous exhibits an inflammation of the subcutaneous tissue, which has a tendency to suppuration.

Diagnosis.—The diagnosis is usually easy after the eruption has fully developed. The way it appears, the seat and particularly the manner of extension of the brawny, ridge-like edge, which is always noticeable on the forehead. To differentiate between erythema we notice that in erythema the redness is su-

perforial and is not attended with temperature, or swelling. Acute eczema of the face, when intense may resemble erysipelas; but it lacks the peculiar border and mode of progress. Again in eczema the itching is troublesome and the swelling is less. Urticaria assumes the form of pale red circular spots, slightly raised which appear in successive crops which often disappear in a few hours. Eczema nodosum has nodosities in the vicinity of the joints.

Prognosis.—Prognosis is usually favorable, and perhaps the chief danger in certain complications. Especially pneumonia, acute nephritis, delirium tremens and suppurative conditions that are extensive in nature. The mortality rate should not exceed more than four per cent in private practice and I think with the proper treatment that it will not exceed two per cent.

Treatment.—We have no other cases or diseases that demonstrate the use of *specific medication* any more than this disease does. Since I have been in the practice of medicine, these four short years it seems to me that I have had more than my share of this disease to medicate. Twenty cases in one year, is a part of my record. I am sure that I did not have all mild cases either.

I recall one case, an elderly lady, age sixty-three, who had one of the severer cases to deal with. She had been subject to attacks of vertigo and while out in the yard getting some wood she fell and scratched her cheek in the region of the malar bone, but not bad, and on the following day it became quite sore, as she expressed it. She did not become alarmed until the night of that day, when about eleven o'clock she became quite sick with a very severe chill, lasting about two hours as near as I find out, the next morning when I saw her. The temperature was high, 104° F., and no doubt had been 105° F. during

the night. The pulse was rapid, and strong pain in the head, back and limbs, nervous and delirious, at times. The inflammation was spreading from the abrasion on the cheek in all directions, the line of demarcation was very prominent, and unusually elevated, the tongue was covered with a dark coat, rather dry. For the above conditions I gave the patient a good large dose of Magnesium Sulphate, and prescribed the following:

℞

Specific Veratrum gtt. xx

Specific Rhus Tox. . . .gtt. v

Specific Gelsemium . . .gtt. xv

Aqua, q. s. fl. iv M.

Sig.—One teaspoonful every hour until fever had gone down to 101, then every two hours until I returned.

I also gave the patient specific echinacea in twenty-drop doses and used locally the same remedy with glycerine, equal parts, as a wet dressing to the face. On my return the face was greatly swollen and the eyes were closed tightly, temperature was still high as ever, but no delirium, patient was rational, and the tongue was colored with a light white coating. Sulphite of sodium was given in five grain doses every three hours, and continued the local application as above mentioned. The veratrum, rhus tox. and gelsemium were still continued.

The day following the temperature was down to 101°F. in the morning, but was up to 103°F. in the evening, and the pulse was weak and frequent. I changed the prescription to aconite and discontinued the use of the veratrum, the specific medication was kept up with such remedies as the tincture chloride of iron, phytolacca, bryonia, sodium sulphide, baptisia, etc. The same local application was continued and certainly did all that was required. I have used the same application in other cases, but have had to combine such remedies as boric acid. Hydrochloric acid diluted in cases that

the diseased surface was of a brownish red color and the tongue dry and contracted with the same color, as a local application. I think that the tincture of chloride of iron is, in most cases of erysipelas, the indicated remedy, or rather the most frequently indicated remedy.

Was called in consultation with a Regular brother over a case of the gangrenous variety. He was keeping up the stimulating treatment and was letting the other conditions look after themselves. I suggested the use of echinacea full strength as a local application or wet dressing, and that it be kept wet all the time, the cloth or gauze changed often. The same remedy was given internally in fifteen-drop doses every two hours.

Sulphide of sodium was given internally in one-fourth grain doses every three hours and an enema of normal salt solution given every three hours until the patient had a change in color, showing a better circulation. At about the third day after I first saw the case, the patient's relatives dismissed the doctor and retained my services, against my wishes. But I am glad to say that in the course of two weeks the case was dismissed on the way to a complete recovery.

"SCARLET FEVER"*

W. E. BARNES, B. S., M. D., MARSHALL, ILL.

I purpose in this paper to consider some of the important points which the general practitioner should have in mind when in the presence of a case suggesting scarlatina.

An early correct diagnosis of scarlet fever is important, especially that those exposed may be as few as possible. And, on account of its extreme contagiousness, precaution may be taken to keep chances of widespread infection at a minimum.

The contagion is conveyed in various ways, but principally by formites. The infective principle retains its virility for

many years under favorable conditions. I have reason to think that in a number of cases occurring in my district that the prevailing wind was the means of dissemination. There occurred a series of cases in five farmhouses from a mile to one and a half apart, stretching in one direction six miles. These cases developed in rotation beginning with those nearest original nidus of infection. On inquiry no other means of communication than the prevailing wind could be elicited.

The onset of scarlet fever is usually abrupt, with vomiting or convulsions. The fever soon mounts to 105 or higher. The skin is dry and to the touch is burning hot. Thirst is constant. The tongue is coated and soon shows the red tip and edges, and is small and pointed as in irritation. Later the enlarged papilli on the red base of a cleaning tongue give the so-called "strawberry tongue," and in doubtful cases is often a valuable diagnostic sign. In one or two days the characteristic erythematous rash appears, usually first on the chest and neck and extends in a day or two over the entire body. In the meantime the fever remains high. Anginal symptoms vary from an efflorescence on the pharyngeal tissue to a deep ulceration inflammation. At about the eighth day of the disease in favorable cases the rash begins to fade, with a correspondent decrease in other symptoms. Desquamation may begin at once or be delayed longer.

The most important sequel is acute nephritis coming on during convalescence. The albuminuria which has been present during the course of the attack increases and other symptoms of renal deficiency appear. Another common sequel is suppuration of the cervical glands.

The disease varies in severity. In some cases there is only a mild rash with perhaps a sore throat, for which no physician is called, and indeed, the

*Read at the Illinois State Eclectic Medical Society meeting.

children may not be taken out of school. Others are of the malignant type in which the system is overwhelmed in a short time, and no remedial agents can mitigate the fatal course.

In the presence of a case of scarlatina, the physician should lay out his defense and attack with the skill of a general going into battle. Positive isolation, quarantine, hygiene, medication, and disinfection should all receive their proper consideration. Put the patient in a room as free from furniture, carpets, rugs, etc., as possible, and allow no one in the room except the nurse. Everything coming out of the sick room should be disinfected or sterilized before there is a chance of infecting others. All children, and those adults unduly exposed, I put on saturating doses of calcium sulphide. This in my experience so far has been efficacious in preventing other cases developing among other members of the family.

The little patient having been made as comfortable as possible in a well-ventilated room, is treated according to indication. In a case of average severity I may use aconite or gelsemium for fever; phytolacca for the throat and glandular enlargement; belladonna to determine the eruption to the surface and relieve renal congestion; potas. chloride to prevent renal changes; rhus tox. for gastric irritation and to quiet nervousness; echinacea for sepsis. To modify the force of the infection and increase the systemic resistance, I give calcium sulphide and nuclein in suitable doses one or two hours apart. Warm baths are given to quiet restlessness and to cleanse the skin. During the desquamative period I apply petrolatum, followed with daily warm baths to lessen danger of scattering infective scales. Locally for the throat I am accustomed to use a solution of sodium salicylate, sodium bicarbonate, and boracic acid as a gargle or spray.

One case of epistaxis during convalescence was controlled by plugging the nares with cotton saturated with peroxide of hydrogen.

After desquamation is complete and a thorough bath and change of raiment, the patient is allowed to leave the room and mingle with the rest of the family.

The room or rooms used during the attack, I have disinfected with formaldehyde gas, generated from the 40 per cent solution with potassium permanganate or hot bricks. Usually I counsel burning sulphur wet with alcohol in adjoining rooms. Toys used or suspected of being infected are burned. Considerable care must be used in regard to these, as parents often dislike to sacrifice a child's favorite plaything. A four-year-old boy among my patrons contracted the disease after playing with a set of blocks when visiting his grandfather, whose younger children had scarlet fever some three months before. Bare floors and windows and door casing and other places where the dust may lodge should be washed with bichloride solution, one dram to three gallons of water. This for obvious reasons should in time be followed with the usual washing.

The funerals of those dying of this disease should be strictly private. A quickly fatal and malignant case, a ten-year-old girl, the past winter was probably from infection conveyed by the mother's cloth gloves with which she had caressed the face of a grandson at the open grave seventeen days before.

BERBERIS AQUIFOLIUM

W. LEMING, M. D., SECY., LEXINGTON, KY.

The following is the report of the "Eclectic League for Drug Research" on "Berberis Aquifolium":

Specific Indications.—Chronic or sub-acute eruptions on the skin, accompanied by hepatic torpor, general lassitude, and other evidences of incomplete tissue metamorphosis.

The whole plant contains several alkaloids and principles, the most common being berberine, which is found in *hydrastis*, *podophyllum*, *columbo* and a great many of the so-called alteratives and tonics.

Its action on the skin, however, is something more than that of berberine which is pre-eminently the muscle remedy, although that principle must play an important part. Since *hydrastis* has reached its expensive stage, I have gradually found *berberis* capable of accomplishing that drug's work and often acting better than it was wont to do.

In at least thirty or forty cases of syphilis, *berberis*, combined with other drugs as indicated, has given excellent cures, removing the skin signs, as a rule, within three months.

If continuously given, other actions may be expected as constipation, derangement of the stomach, etc. It appears not so much to remove effete material from the body as to merely throw it into the blood and its action being enhanced by *echinacea*, *lappa*, etc.

Speaking of the encrustation on the scalps of infants, Dr. Fuller of Kentucky says that, in a large number of cases he has never had it fail. Dr. Wadlington of Michigan praises it in the scaly syphilides. Other uses mentioned were the acnes of the faces of women, dry eczemas, various gastro-intestinal troubles marked by torpor, etc.

I am using it at present in a case of psoriasis of fourteen years' standing, complicated with syphilis of one year's duration. Its use in three weeks has almost removed external signs and the patient is enthusiastic.

Large doses must be used and decreased as the torpidity decreases, ceasing its administration if untoward signs appear.

The study for July is *chionanthus*; for August, *thuja*; September, *geranium maculatum*. Reports are solicited.

WANTED—DIAGNOSIS AND TREATMENT

W. W. CAREY, M. D., GREENSPRING, OHIO.

I present for the Therapeutist readers the following symptoms of a patient of mine. I want suggestions as to diagnosis and treatment. An almost constant, full, heavy, oppressed feeling on left side seemingly immediately behind an area of 3 to 4 inches in diameter, whose center is the position of the apex beat. This, in breathing, seems like a lump or something which prevents getting air into the lower part of left lung, and sometimes causing a great desire for a deep breath which cannot be gotten perhaps for hours, and when successful it does not satisfy the desire. This apparent lump, or obstruction, fullness, oppression, or pressure is not always present.

Sometimes there is absolute freedom of function. The difficulty occurs on lying down, at first as if there was something to breathe against. On going to sleep the breath stops with an expiration and no more is taken until much needed and a struggle is made to rouse up and get the breathing started, which sometimes means jumping clear up in bed and attempting to shout. This repeated ten to twenty times before sleep can be continued is very exhausting and sometimes causes wakefulness.

This condition of forgetting to breathe when going to sleep, is like falling into a sort of a cataleptic condition which requires a strong struggle and effort of will to arouse from and start breathing, and is very frightful. It sometimes comes on in daytime with sleepiness and dullness. There is a ringing in the ears which starts about sundown and disappears sometimes before morning. The heart's action is normal, so say many physicians who have listened to it. It apparently has bothered a great deal and has had some weak spells, but doctors fail to find the lesion if any.

The pulse is never full and bounding, but regular most of the time. It has been

intermittent for months at a time, and there has been palpitation at spells. Also a full feeling as though the heart was very large and all the blood was inside of it. There are other symptoms in this case, but I am trying to give only one group to see if I cannot get some suggestions as to the immediate cause of these most distressing and persistent ones. A full biography I think might be interesting, but I have already taken up too much space, perhaps. What's the cause? Is it gas in the colon, autointoxication, indigestion, enlarged liver, heart disease of any kind, cerebral anemia, neurasthenia, or is it imagination?

KERATOSIS

W. COWIE, LIVERPOOL, ENGLAND.

Jessie McCoy, aged 12, has been and is in good health.

At seven years of age the skin of the soles of her feet, and palms of her hands and knees became very hard, and gradually increased in thickness, until now the skin is about a quarter of an inch thick, the feet being worse, if anything, than the other portions of the body.

Now it is developing on the backs of the hands. To look at her fingers one would immediately conclude that they had been burned. The feet and hands crack at times and are rather unsightly, but she has no pain. I have never seen anything like this before, and am anxious to have the opinion of more experienced men than myself.

Her mother tells me that she has had her to a great many private physicians as well as to all the hospitals and infirmaries in Liverpool, and one and all agree that they have not seen a case of this description before. At least one of these places call it tylosis, but none of them suggest a remedy, or give hope of cure.

Her father has been under my treatment, suffering from nervous exhaustion, caused through mental strain in his business. He is a life abstainer, and has not

suffered from anything previous to this attack, and which I am pleased to say he is recovering from. The mother is a perfectly healthy woman, as are her other three children.

These are the facts of the case and I shall be very much obliged if any subscriber or reader can assist me, to help this family.

COMMENT.—Without going at this time fully into this subject, this would seem to be a variety of *Keratoderma palmaris et plantaris* rather than a tylosis. If a careful microscopical examination of the structure of the skin were made it is likely that it would present some of the appearances and characteristics of a form of ichthyosis, but this latter difficulty is liable to show itself earlier in life, being usually congenital in the forms that are in any way similar to that described above. The treatment of any of these forms of hypertrophy of the skin is by no means specific, and has been very unsatisfactory. I should like very much to have an opportunity to observe the action of iris, thuja, berberis or echinacea on a case of this kind, externally and internally, their use being persisted in for months, if necessary, with indicated adjuvants.

GALL-BLADDER DISEASE AND GASTRIC ULCER

Dr. J. A. Lichty, Pittsburg, Pa., discussed gall-bladder disease and gastric ulcer in detail and concluded his paper as follows: (1) The coincidence of independent gall-bladder trouble and gastric ulcer is rather rare; only 1 in 321 cases of my series. (2) Gastric ulcer with its complications can easily cause an interference with the function of the gall-bladder and duct to such an extent as to produce definite gall-bladder pathology. (3) Gall-bladder disease with its complications may cause such a disturbance of gastric function as to simulate, if not actually cause, gastric ulcer. (4) While a combination of these two lesions may produce a complexity of symptoms, which makes a definite diagnosis impossible, the indications for operative interference are usually so definite that to disregard them would be disastrous to the patient.—*Jour. A. M. A.*



SINGLE TRUTHS FROM MANY DOCTORS AND MANY
TRUTHS FROM EACH DOCTOR

Crawley

Reading recently an article in one of the journals regarding the treatment of nervous children and infantile fever, I desire to again call attention of the profession to crawley. A tea made of the crushed root of this plant by steeping one tablespoon in one-half pint of water for thirty minutes or so, and given in teaspoonful to tablespoonful doses to children from six months to six years old, will be found as reliable as any remedy that can be given, quieting to a remarkable extent all conditions of meningeal irritation, and feverish, restless conditions, from whatever cause. Crawley in infusion or powder is a favorite, also, with me in nervous and restless conditions of adults as well as children.

V. A. BAKER, M. D.

COMMENT.—Crawley is known as Coralorhiza or Coral Root or Dragons claw, a plant indigenous to the United States, growing east of the Mississippi River and throughout the central states. This remedy was used very freely by the earlier Eclectics, but little attention has been paid to it in recent years. In addition to its sedative influence which the doctor mentions, it is a powerful diaphoretic. It is excellent in acute colds and in both acute and chronic pleurisy, and wherever there is bronchial irritation with wheezing or a sensation of tightness in the chest. It was used frequently in conjunction with special fever remedies. It may be used with good results in the treatment of diseases of women, especially those acute in character where there is fever or where there is much irritation of the nervous system.

Arterio-Sclerosis

When you find the temporal arteries kinked and tortuous, that means arterial sclerosis and the uric acid diathesis.

The condition of the artery is caused by capillary obstructions, crystals of uric acid and urates forming from decompo-

sition of excessive nutriment in the blood, being forced into the capillaries and obstructing them.

The nervous symptoms result from the wounding of millions of nervelets by the sharp edges of these crystals. Often the capillaries burst and become obliterated never to be replaced.

The remedy is veratrum, or better veratrine, and daily epsom bath, and epsom face, neck and scalp bath four times daily. Relief in one week.

WM. H. BURGESS, M. D.

Restoration from Anesthesia

Immediately, recovery from anesthesia is desired in a person who has been anesthetized for surgical or other purposes, wring a towel out of cold water and apply it directly over the stomach and bowels. This has the effect of producing complete sensibility almost instantly and I have found when so restored these patients are not so apt to suffer from nausea, vomiting or nervousness, or in fact from sequelæ of any kind. Those who try this method once never leave their patients to come out from under the effects of the anesthetic of their own accord.

B. H. BURD, M. D.

COMMENT.—I would add to this suggestion that immediately consciousness is restored, the cold application should be withdrawn, and hot application to the surfaces and to the extremities should be made, in proportion to the reduction of temperature, which is much greater after the use of ether than after chloroform.

A Treatment of Diphtheria

In the treatment of diphtheria I have found the application of poultice of pine tar applied to the throat from ear to ear and extending down even to the chest, to be of most surprising efficacy. In fact, I have sufficient confidence in this and trust it alone in some cases.

I recently cured three cases in one family after two other patients in the same family had just died of the disease.

One of the three that I treated had been given up to die by a leading physician of the town. At my suggestion to this physician he applied the tar poultice in the afternoon, and when he arrived the next morning expecting to find his patient dead, he found the false membrane had exfoliated during the night, and this patient, as well as the other two, made rapid recovery.

This doctor has used the tar poultice on all of his diphtheria cases since that time, and has not lost a case since.

B. H. BURD, M. D.

Lobelia Injections in Asthma-Measles

For acute asthmatic attacks take five drops of codrenin, P. D. & Co., and fifteen drops of specific lobelia and inject this hypodermically. This will give complete relief in five minutes.

In the treatment of the cough of measles, give a tablet which contains one-tenth of a minim of beech-wood creosote every hour. This will prove satisfactory, and may give permanent relief.

R. C. RIBBANS, M. D.

Painless Lobelia Injections

I have noted that a number of our doctors are having trouble with the hypodermic use of specific lobelia. I have given quite a number of injections and have learned a method of using it without pain. I boil the needle five minutes, then with the arm aseptically clean I take twenty minims of specific lobelia and five drops of a four per cent solution of cocaine. I then insert the needle directly into the muscle (not merely under the skin), as far as it will go, and then make the injection. This injection is followed by no pain whatever, in ordinary cases.

R. C. RIBBANS, M. D.

Lobelia Hypodermically Without Pain

Dr. Thomas of MacDonald's Corners, Ontario, claims that severe pain is pro-

duced by the use of Lloyd's lobelia hypodermically. If these parties will use the remedies always warm and aseptically as they would use antitoxin, and in doses of from 20 minims to one dram, the puncture covered with antiseptic gauze held in place with a piece of adhesive plaster, he will get good results in diphtheria or in membranous croup with no more pain following the injection than after the administration of antitoxin. Such has been my experience, and I am confident the remedy is a good one in these conditions.

R. L. BENTLEY.

Physiological Action of Echinacea

I would like to obtain from the readers of the Therapeutist an expression of their opinion concerning a possible depressing effect of echinacea. Some years ago I used a strong tincture in doses of from five to ten drops. In two instances after a few doses there was a marked depression, although one of the cases was a typhoid case with a sepsis, the other was a case of pyemia.

Fearing that I did not have a good article I obtained a fresh bottle unopened, and took a few doses myself. In a few minutes I experienced in the region of the heart a marked depression which increased to so great an extent that I was alarmed not a little.

I then corresponded with Prof. J. U. Lloyd regarding the matter, and we came to no conclusion concerning the influence of this remedy, thinking that the depression might be due to some other cause.

Since that time I have used the remedy a great deal, and have become quite firm in my opinion that it does depress the heart and central nervous system, and that patients with a weak heart or with a low nervous vitality should take the remedy with some caution.

I should like to hear from others if they had made a similar observation of the action of this remedy. It is very valuable if used externally, but I think it may be given in too large doses internally. It is seldom that I prescribe it any more in any case without some fear.

I. E. LAYTON, M. D.

COMMENT.—I am confident this is the first time I have ever heard of any depressing effect from medium doses of this agent. The doctor says he has seldom given over ten drops, while it is quite common practice to give from 20 drops to a dram of the specific medicine. I am inclined to think the doctor has made a mistake in his observation, and because of doubt in the matter we should immediately have reports from any others who have observed untoward effects from this remedy. Don't fail to send us such reports.

A Helpful Application in Facial Neuralgia

Paint the course of the nerve affected or the painful area with Lloyd's belladonna with about 3 drops of adrenalin solution to the drachm added.

This in the majority of cases will give immediate relief at least temporarily. Look to the teeth and eyes for exciting cause. Dental caries and eye strain are responsible for the greater part of this trouble.

B. B. MASTEN, M. D.

COMMENT.—In addition be sure and correct any excess of acidity in the stomach, and keep the intestinal tract perfectly clean, preventing auto-intoxication.

Tardy Eruption

In those cases of measles or of scarlatina when the rash is tardy in its appearance, with those symptoms which appear at this time, I use a common remedy with excellent result. I take three ounces of common oats and cleanse it well with clean water. Of this I make a strong decoction, about one pint, and insist upon this being drunk hot, from time to time very freely. In the course of a few hours the danger is all

passed, and the eruption appears satisfactorily.

In the treatment of acute erysipelas, especially if located in the face or around the eyes, I add twenty drops of rhus tox. and ten drops of aconite to four ounces of water, and give the patient a teaspoonful every one or two hours. I use some simple external application as seems to be indicated in addition and the results are very satisfactory.

I. E. SANDERSON, M. D.

LOBELIA INFLATA

JOHN FEARN, M. D., OAKLAND, CAL.

A new interest seems to have been aroused of late in this drug. It is a remarkable drug. Many have looked upon it as being mainly and almost entirely a drug to provoke emesis. It is true it can be used with good results as an emetic, and yet in my own practice I have but seldom used it for emesis, but times almost without number for other purposes.

What has struck me is that the late investigators seem to be surprised that lobelia can be given without causing emesis. Over thirty years ago, because I had no better preparation at hand, I gave hot lobelia tea to primipara, where there was great rigidity. The remedy caused no emesis, but it did relax the parts and facilitate labor.

In the same house, at about the same time, the mother, a woman of large frame, was taken with angina pectoris. The case was one attended with great suffering. I gave her one dram of specific lobelia. It relaxed, it entirely relieved, but there was no vomiting.

I wish our physicians would study the results of lobelia when given in small doses. I feel sure they would be pleased. My preceptor taught me to give small doses of powdered lobelia, seed and herb. I found it invaluable as a gastric stimulant and a stimulant to the circulation. Take, for instance, the case of great gastric weakness; there is no inflammation,

but there seems to be almost an entire lack of digestive power. The food lies in the stomach too long, it ferments, the stomach is cold, it is very gaseous. In these cases try specific lobelia, gtts. v to x; specific nucis vom. gtts. v; glycerine, dr. iv; aqua to make ounces iv. M. Sig., dr. i every three hours. This will do good.

I have specific lobelia gtts. v to x, because under these circumstances at times the stomach is very sensitive to the remedy, and gtts. v in four ounces will be sufficient.

I cannot tell you how in one case it vomits and in another it does not, but it has seemed to me when we have such extreme rigidity to overcome, or some serious condition like angina pectoris to combat, the power of lobelia is spent on the difficulty to be overcome instead of that power being spent on the center of emesis.—*Ec. Med. Jour.*

SORE THROAT OF SCARLET FEVER

Rubens has noticed that the severity of the sore throat, in every case of scarlet fever in his experience, invariably was proportional to the severity of the disease and the gravity of the prognosis, especially in regard to the complications. He has found that by keeping the process in the throat under control it is possible to attenuate the infection and ward off complications.

Direct local applications with a brush are liable to be too superficial to do any good, or, if applied vigorously, may abrade the surface and open new portals for infection. Gargling is also too superficial in its effects, and it is difficult to get children to rinse out their mouths effectually with an antiseptic mouth wash.

He has derived the greatest benefit from direct insufflation, through a straight tube, of a mixture of equal parts of sodium sozoidate and sulphur. It is necessary to repeat this in-

sufflation every hour, day and night, to have it do any good, and he insists on this when he sees that the throat process is assuming a progressive character. He continues this local application until the ulcerations are circumscribed and the mucous production has ceased.

As the throat process becomes attenuated under the influence of this local treatment, the general symptoms subside, and he has never had otitis develop or phlegmon in the maxillary glands under it. In a few instances otitis developed a week later, but this, he states, must have been from infection by way of the blood, and the otitis was always mild and rapidly subsided after paracentesis. The kidney complications must be warded off by strict dietetic measures, avoidance of all nitrogenous foods and alcohol, and reliance on milk as the main article of diet.

During a very tempestuous onset of the infection, when there is danger of heart failure, he sometimes gives large doses of alcohol to tide the patient past this crisis, but after this he forbids alcohol in any form. He keeps his patients in bed for four weeks. His careful examination of long series of scarlet fever patients has failed to reveal the diphtheria bacillus in the throat in any instance.—*In Wochenschrift.*

An application of a paste made from the bicarbonate of soda, or from calcined magnesia will control the burning sensation, and pain in a burn; subsequent treatment should be directed to the indication.

Dr. G. W. Holmes, Florida, gave one drachm of lobelia inflata with veratrum viride night and morning, per rectum, in a child inoculated with tetanus, after chloral, bromides, and gelsemium had failed. Improvement was marked in twenty-four hours with gradual recovery.

Ellingwood's Therapeutist

A monthly journal devoted to the study of the most direct action of drugs upon exact conditions of disease; issued on the 15th of each month.

Edited and published by FINLEY ELLINGWOOD, M. D., 100 State Street, Chicago.

Subscriptions, \$1.00 per year in advance and One Therapeutic Fact, which should be sent with the subscription.



PRACTICAL POINTS FROM THE DISCUSSION OF THE PAPERS AT THE ILLINOIS STATE MEETING

Geranium in Cancer:—In 1893 at the World's Congress of Medicine, a physician from Topeka, Kansas, by special vote had given what he declared was a special cure for internal cancer in any part of the body. It was geranium. Dr. Thornton had a patient suffering with obscure symptoms of what seemed to be cancer of the stomach or of some portion of the upper intestinal tract. A number of physicians who had seen the patient said she would die in six weeks. He had her get a pound bottle of Parke, Davis & Co.'s fluid extract of geranium and take a teaspoonful three times a day. She took it regularly without constipation or irritation to the stomach, and for four years she did her own housework. After another year there appeared an obstruction of the bowels. An artificial anus was made, and she lived 16 months after that.

Galvanism for Chronic Constipation:—

Dr. Dunn treats persistent constipation with the galvanic current in the following manner: From the wall plate he takes two hand sponges representing the two poles of the battery, positive and negative. He moves them along three or four inches apart over the ascending, the transverse and descending colons, beginning at the cæcum and resting a mo-

ment over the sigmoid flexure and the rectum. The treatment lasts about five minutes; can be extended a few minutes longer. The seance is repeated sometimes every day and sometimes every second or third day. After confining the current to the colon a while, it is subsequently extended to the liver. The positive pole is placed over the liver and the negative pole is passed over the ascending and descending colon, ending as before over the sigmoid flexure, and making the same manipulation for about five minutes. His successes have been pronounced and permanent, even in some stubborn cases.

In some cases the current should be broken. He has an interrupter in the plate that breaks the current. The direct current is broken from 200 to 400 times per minute. Regulation of diet and hygienic measures are essential auxiliaries.

Mangifera Indica:—A number of the physicians recommended mangifera indica for sore throats. One or two drams of the fluid remedy are added to four ounces of water and a teaspoonful is given every hour. Dr. Barnes uses it as a gargle, combined with thuja and hydrastis. Taken by mouth he says it has a beneficial effect on the congestion—relieving it entirely.

Dr. Kinnett said this is the mango plant. We have a great deal of literature on it, and it is a most excellent remedy in all inflammations of the throat. These inflammations are characterized by heat, redness, pain and swelling and these are the indications. It will cure some old, chronic cases of diarrhea. If I can get nothing else to act on these cases I fall back on mangifera indica. I got this idea from Dr. Fearn, of Oakland, California.

Aconite and Belladonna:—Dr. J. K. Scudder of Cincinnati claimed that only small doses of aconite and belladonna should be given to children. His father's special point was that the doses should

be small. He advocated dram doses of a mixture, of four drops to thirty drams of water.

In many cases, for children, it is far better to take specific aconite and specific belladonna, a dram of these to an ounce of a weak dilution of alcohol, or one dram to ten drams of dilute alcohol and make a first decimal solution and use five drops of aconite or five drops of belladonna thus diluted, in three or four ounces of water, for children. It will soon be observed that aconite and belladonna have a primary and secondary action. The primary action is stimulating. It is not a stimulant in the ordinary sense of the word; but it is largely a stimulant when compared with the depressing effect of the larger doses.

He has seen cases of little children, where they were almost at the point of death from some depressing difficulty. Ordinarily you might give some violent stimulant. If you give very small doses of aconite they will often respond at once, because in that case the aconite acts as a stimulant. I think it is quite advisable to use the two remedies together, as they do act nicely together.

COMMENT.—I have long advised that these two remedies in the specific form, are altogether too strong for ordinary prescribing. I use a good official tincture of both of them, but Dr. Scudder's advice of adding one dram of each to seven drams of dilute alcohol will make a stable and exact diluted preparation, of which from five to ten drops can be added to four ounces of water, and given in teaspoonful doses with perfect safety, and always with good results.

Angina Pectoris:—In a hospital experience of a good many years, Dr. Graves has seen a number of cases of angina pectoris. Among these was an old man 75 years of age, who ten years before had a severe attack of angina, due to arterio-sclerosis. Dr. Graves treated him at this time for an attack of the intense pain with nitrate of ammonium, and nitroglycerine and morphine. He believes there is nothing like

heat over the chest, cloths wrung out of water as hot as can be borne put on the chest and covered by oiled cloth; and the injection of large doses of morphine as large as three-fourths of a grain or one grain at a dose.

Those who have witnessed a case, know the patient suffers agony; nothing less. These large doses may be associated with 1-50 or the 1-100 of a gram of nitroglycerine. He believes that it is not only allowable to give such large doses of morphine, but that it is very proper and essential in the successful and prompt alleviation of pain in these cases.

If arterio-sclerosis is the cause, he does not believe there is anything like iodide of potassium. This patient took a course of iodide of potassium, although there was no possibility of the disease being syphilitic in its origin. He is still living and has not had a subsequent attack. The sclerotic condition of the blood vessels has not markedly increased and he believes this is caused by the constant use of iodide of potassium. He has used lobelia, dry cups and wet cups and is careful in diet and hygiene, but he is still living, and living very comfortably.

Treatment of Fever in Pneumonia:—In a symposium on the discussion of the fever in pneumonia, introduced by Dr. F. E. Thornton at the joint meeting of the Illinois and Missouri State Eclectic Medical Societies, it was found that nearly all recognized the importance of treating the fever directly. By so doing all other pathological conditions were immediately influenced. The remedies used were: Aconite when the skin was hot and dry and of bright red flush, and the pulse small, hard and rapid, with some slight chilliness; veratrum, when there was a dark red fullness to the capillary circulation, especially of the face, with a large, round, soft, rapid, easily compressible pulse; the skin usually moist, sometimes profuse perspiration.

No quinine during the active stage. Gelsemium with fever of a nervous type, when the face is bright red and the eyes bright and restless, with contracted pupils. The general sentiment was positively opposed to cold applications.

Bryonia is a favorite with all who have used it in its wider influence of antagonizing every feature of the pathological processes. While it combats the fever, it acts on the parenchyma of the lung, on the mucous lining of the bronchi, on the nervous distribution, and on the capillary circulation, within the lung structure, while its influence is specific on an engorged circulation in the pleura, and is direct and most salutary.

Belladonna is given with any indicated fever medicine if the extremities of the skin are cool or cold, and if the patient is dull, inclined to be stupid and the pupils are dilated and eyes dull. A number spoke of the phosphate of iron in small doses frequently repeated in the developing stage and when the temperature was especially high.

When there is a general aching, Dr. Thornton recommended salicin in from five to eight grain doses for a short time. When the pleural complications are marked or the skin is persistently dry, asclepias is the remedy; jaborandi in small doses when with high temperature all secretions are locked up. Ipecac was advised for dryness of mucous membranes with aconite or bryonia as indicated. Hot sponging, especially with a solution of Epsom salts was advised. The use of opium in any stage was universally spoken against, as well as the use of any stimulant during the active stages of the disease.

Anesthesia by the H. M. C.—Dr. Waugh says, there are many cases in which the H. M. C. can be used, where great suffering is present and where chloroform or ether are impossible. One is the use of this agent by men who have no assistants, not men who have every-

thing that science can give to make the anesthetic safe, but the man in the country who takes his cases as he finds them. Take a man who has been crushed by a tree in the forest, or fallen against a circular saw, or has met with any of the numerous accidents where the surgeon is called on to operate at once, when and how he can. There is another condition where it has seemed to prove successful, and that is where a large number of persons are injured at once. Suppose there were 50 or 100 persons injured in a railroad accident, and only one doctor there with his hypodermic case? It is impossible that all can be operated on at once, or put under an anesthetic by ether, but all can be put at ease until surgeon can get around.

One simple case was that of a man who went into an office and was to have a live root taken from a tooth. He took a H. M. C. tablet, got on the car, went to the city and had the tooth removed and went about his business. At no time was unconsciousness produced, but the operation was painless.

The fact that occasionally such things can occur, impresses upon my mind that it is more an analgesic than an anesthetic, at least as compared with chloroform or ether. If that be so, it may be one of the reasons for its superior safety.

Iritis:—Dr. Dunn has treated iritis, or inflammation of the ciliary bodies, with belladonna. He considers it the sheet anchor. It is diluted and dropped into the eye. It dilates the pupils and puts the muscles at rest.

Sciatica:—Dr. Dunn treats stubborn sciatica with atropine. He got the suggestion years ago from Dr. Jos. Adolphus of Atlanta, Ga. He administers about 1-100 gr. of atropine, and 1-4 gr. of morphine as a hypodermic injection once a day, usually just before going to bed. After two or three days he diminishes the morphine and increases the atropine, steadily until the maximum

quantity of atropine is given. Dr. Adolphus advised him to give gelsemium and lobelia in combination with this, but he has found this will cure sciatica unless the sciatic nerve is impinged upon. He has used it in ten severe chronic cases and has never had a failure.

Viburnum for Enlarged Spleen:—Dr. Waugh has given viburnum for enlarged spleen. He says, it is sometimes so effective that it contracts the spleen so that rupture of the spleen has resulted. He has given it for dilatation of the stomach and wherever we have had an abnormal relaxation of the tissue or structures.

Removing of Both Ovaries During Pregnancy:—Dr. Garrison reported the case of a lady taken to the hospital who was to have an ovarian cyst removed. She was 35 years old, and the mother of seven children. The surgeon proceeded to remove the cyst, and found, after having opened the abdomen, he had to remove both ovaries, and that the woman was three months pregnant. She recovered from the operation, and in six months she was delivered of a child at full term, and both mother and child are living and strong today.

Chronic Tonsillitis:—In chronic tonsillitis Dr. Pollock uses the full strength carbolic acid on the hypertrophied tonsil. Very often he finds this breaks down these tonsils without the necessity of having them removed.

THE SECRETORY AND EXCRETORY GLANDS IN FEVERS

Deficient secretion is one of the serious factors of continued fevers. Free action of all secreting organs in assisting in the nutrition of the body, or in the elimination of morbid products, will often at once materially modify the fever and advance the patient a long stride toward convalescence.

The kidneys stimulated in acute fevers, with an open skin, often do much in

preventing serious after changes in the blood. Free action from the skin not only favors the expulsion of the products of tissue waste, but materially assists heat radiation and reduces the temperature. A writer in an exchange at one time made the following remarks concerning the action of the salivary glands in fevers:

"The glands play quite an important part in continued fevers, yet they are not considered in the treatment of the case. One of the first and most important restrictions in the patient's dietary is to drop all solid foods from the list at the physician's first request, and just then the salivary glands begin to lapse into a torpid condition which very often results in an inflammation and, finally, suppuration, and that disagreeable dryness of the tongue and fauces so uncomfortable to the patient. For the relief of this trouble I have found nothing of so much importance as some nice form of aromatic chewing gum, which relieves the thirst and dry mouth, improves the appetite and digestion, and restrains nausea, if any. Hence some of the most disagreeable accompaniments of the disease are mitigated. I believe also that it materially aids the absorption of the medicine when the alimentary tract is so impaired by the incessant fever."

This is exceedingly important but no more important than the stimulation of the gastric and intestinal glands, which may be accomplished by the use of small doses of turpentine.

The use of a mild infusion of triticum with a little lemon juice added or instead with peroxide of hydrogen added will act very favorably used as a beverage in fevers to mildly and kindly stimulate the kidneys and thus assist in the essential elimination.

The agent known as wild bilberry has been tried with good results for diabetes.

SOME INFLUENCES OF PROLONGED LACTATION

Prolonged lactation is often injurious both to the child and the mother, especially to the mother. Many a weakly, overworked woman has kept her babe at the breast until it was perhaps two or three years old, and until her nervous system was greatly reduced, because of a dislike to wean it, or because of fear of conception. The following facts may be stated as the usual results of prolonged lactation:

Lactation tends to prevent conception by its influence on the ovaries in retarding their return to the state in which ovulation is perfect. After weaning, the evolution of the ovaries becomes more rapid than it is during any period of lactation. After a long-continued lactation, its sudden cessation is liable to be followed by rapid evolution of the ovaries and uterus, giving rise to symptoms of ovarian and uterine hyperæmia.

Long continued lactation may cause super-involution of the ovaries and uterus, resulting under favorable circumstances, in complete or partial prolapse of the uterus.

Prolonged lactation is of no value to the child after its first year, and it is a constant drain upon an often already over-taxed mother, reducing her vitality, which fact acts in harmony with the above-named causes to produce permanent chronic uterine or ovarian disorders.

PROFESSIONAL PURE MINDEDNESS

We deprecate the education of the physician in things vulgar and sensual. It tends to lower the status of the profession more than any other one thing.

The tendency of the college professor to make himself popular by telling lewd and vulgar stories, by making indecent allusions and by missing no opportunity to call out the vulgar sentiment in the lower-minded members of his class, is

an insult to the majority of the class, to the dignity of his office, and to the college, and he lowers himself by so doing in the minds of all. The natural tendency of the work of the pure-minded physician is to lead him upward instead of downward. It tends toward the cultivation of the higher, nobler and spiritual sentiments, instead of the lower sentiments, and this natural tendency should be encouraged.

That professor which delights in vulgarity, or that one which teaches infidel doctrines and declares against God and things spiritual, is working an injury which no influence which he can ever bring to bear will undo. The tendency is never upward, but always and positively downward.

There was at one time strong tendency toward this teaching in certain of our colleges, and to an extent in our exchanges, which was greatly to be deprecated. It is to be hoped that only pure thoughts shall be encouraged by our writers. When editors in their writings declare in favor of lewdness, immorality and infidelity by the style of their writing, it gives their correspondents a license which they cannot restrict or restrain, and the results cannot be productive of any possible good morally, intellectually, socially or professionally.

ACONITE IN CHRONIC AND NON-FEBRILE DISEASES

One of our standard remedies, aconite, is so assuredly a specific in febrile conditions that its other influences are often entirely overlooked. It is in certain chronic, and in some non-febrile, conditions a very reliable remedy because of its certain action on the central nervous system. I have found that it intensifies and assures the specific action of other remedies, notably *cimicifuga racemosa*. Prof. John King advised its use in the treatment of spinal irritation in young women, and it is a most ex-

cellent and reliable agent in acute suppression of the menses from cold. Its direct influence upon the cerebro-spinal system is recognized by the Homeopaths. Some of their suggestions are mentioned by Deschere as follows:

"We find aconite useful for mental diseases and hysteria when there is particular aversion to excitement. These patients show an intolerance of music; they can bear no sounds, so sensitive are their ears; they imagine that some part of their body is deformed—e. g., a limb is displaced, lips too thick, features distorted; they imagine they do all their thinking from the stomach.

"Aconite is a very important remedy in the treatment of affections of the heart. The symptoms indicating it in these cases are numerous and important, and necessarily so since aconite so disturbs the blood, and also exerts a special action on the heart and its nerves. There are congestion of both heart and lungs, palpitation with anxiety, cardiac oppression, and even syncope, which it relieves. The palpitation is worse when walking.

Lancinating stitches occur and prevent the patient from assuming an erect posture, or taking a deep inspiration. Attacks of intense pain extend from the heart down the left arm, and are associated with numbness and tingling, in the fingers."

This writer also advises its use in angina pectoris when there are strong contractions, or pure hypertrophy; not in feeble heart or where there is great valvular insufficiency. The Homeopaths advise it in the following conditions, in all of which we give it if there is increased power of the heart, increased nerve force, and especially if there is, with these indications, the least rise in temperature. In convulsions, whooping-cough, entero-colitis, worms, colic, retention as well as incontinence of urine, spinal meningitis, tetanus, and paralysis.

Increased nervous force is here manifest in the restless tossing about, great thirst, sensitiveness to slight pressure, as well as hyperæsthesia of the special senses.

FIRST PRINCIPLES IN DIRECT STUDY OF DRUG ACTION

The study of the *Materia Medica* is the study of drugs, their origin in and methods of preparation, their physical and chemical properties, and their general use as medicine.

Therapeutics is the intelligent application of drugs, and other agents and methods, to the alleviation and cure of disease.

Therapeutics is unquestionably the most important, the most essential branch of the entire college curriculum. In acquiring a knowledge of every other branch of the college course, the student has an innate feeling that all these branches are simply auxiliary to the real knowledge he must have of what remedy or remedies will cure a given disease, when he comes in contact with that disease in the sick room.

No medical college spends time enough in the study of Therapeutics. It is indeed a difficult study. It is a study that requires intense concentration—persistent application. Heretofore it has not been exact, and the more exact studies are more attractive.

Now for the first time in the history of medicine, therapeutics is becoming an exact branch of medical science. A few physicians as compared with the whole, have for fifty years been earnestly, patiently, persistently, faithfully, studying the exact action of single drugs upon exact conditions of disease.

Heretofore the walls of prejudice and dogmatism have prevented the mass of the profession from receiving all of these vital, essential, most important truths. Now the walls of prejudice are torn down. Dogmatism has disappeared and every thoughtful rational physician

is looking for the best things with which to cure disease without regard to the source from which it came.

Today, the student in medicine is taking a more advanced stand, a more liberal stand, a more reasonable position than ever before in the history of medicine. He demands a knowledge of the most advanced study in therapeutics. If, in selecting a drug which will most quickly and the most satisfactorily cure a patient which is in danger of death, he permits himself to be influenced by prejudice, he is committing a crime against himself and against his patient.

The medical student then is earnestly searching for an exact knowledge of the action of drugs; a knowledge positive, rational, reliable and specific and in every way dependable; and this knowledge he must have, and of this every conscientious young physician feels the need.

To obtain such a knowledge he must study first the *Materia Medica* of the drug to determine its every character. This he studies in his college course. Added to this and by far the most important is to study with an intense concentration at the bedside of the patient, the exact action of the single remedy upon that disease process upon which it exercises its selective influence.

But in order that he may succeed in the application of his drugs, it is imperative that he first have as a basic knowledge, an exact knowledge of the exact pathological condition upon which the individual drug acts specifically.

Without regard to the name any disease bears, he must learn to quickly analyze that disease, as it is present in the patient he is then treating; he must know every pathological element of that particular case; he must take each factor of the case there presented and quickly arrange them in order in his mind, determining which is the basic pathological condition, the one upon which others de-

pend most, and those which result from the basic condition.

This branch of the study is called specific diagnosis, and necessitates doing away with many of the old methods of study. It is the correct underlying foundation-stone on which exact therapeutics must be founded. All other scientific knowledge must be added to this.

This study persisted in soon becomes deeply interesting, absorbing, actually fascinating, and this knowledge makes of the young physician when correctly applied, a successful practitioner. He quickly acquires a fixed faith in the action of his individual remedies, and thus becomes positive in his prescribing and this confidence on his part in the action of his drugs, commands, and soon permanently secures, the confidence of his patients.

The student, in the acquisition of this knowledge, should accept certain basic principles by which his action will be guided, for without these he will be like a ship without a rudder, or the mariner without his compass. He will soon be enveloped in a fog of doubt, and then success will come very tardily if at all.

Of these principles there is first the following: Failure to cure disease is *due to our lack of knowledge*. Thoughtful observers in this field have long since decided that ultimately with the sufficient measures we have at our disposal, we will be enabled to cure or prevent all disease. Some perhaps in their early stages only. This involves the second: All diseases will ultimately be subdued in whole or in part by remedial measures, as our knowledge advances.

Third: The study of the clinical action of the single drug is the true method of drug study. A knowledge of the physiological action of drugs and the knowledge acquired by our most advanced laboratory methods is essentially important, but the real knowledge is

the observation the doctor himself makes at the bedside of the patient.

Fourth: Each drug acts directly and invariably upon one or more exact conditions of disease, and must be so studied and known.

With these basic principles a truth results which is hard, indeed, for a student to appreciate. He will only recognize the truth in it when he comes in contact with puzzling responsible cases in his practice. This truth is, that if he knows what the remedy will do, and knows the condition upon which the remedy acts invariably, when brought in contact with diseases he has never seen before, he will recognize the exact conditions and will apply the exact remedy, and *will thus cure his patient as quickly and as satisfactorily* as if he had seen the disease in that form many times. This is one of the most satisfactory results of this exact method of study therapeutics.

INDICATIONS FOR ACIDS

In protracted fevers and in prostrating disease it is quite common for the acids to become exhausted within the system. The tongue becomes thin and small and very red, and the mucous membranes are red. With this deficiency of acids other secretions abate, and the tongue and the mucous membranes of the mouth become dry, and defective secretion from the stomach and intestines causes a cessation of the normal function.

With this redness of the tongue, hydrochloric acid is indicated when there is an inclination to brown coating on the tongue with sordes on the lips and teeth, and when there is no action on the part of the stomach. In achlorhydria there may be a normal coated tongue, with steady gastric distress. Sensation of heaviness and fullness after eating; deficient secretion of the gastric juice.

Nitric acid is indicated when with this redness there seems to be a filmy translucent covering to the tongue of a violet color. When the tongue is red and very dry, acetic acid is a good remedy; lemon or orange juice, citric acid, should be given freely when with this extreme redness the urine is alkaline.

Hydrobromic acid is the remedy when with these acid indications there is excitability of the nervous system with a tendency to muttering delirium or deep coma. It can be prescribed with benefit with these tongue indications in some cases of excitable delirium especially if gelsemium indications are present, when it may be prescribed with that remedy.

When the mucous membranes are dark and the tongue dry and coated with a brown or black coat, lactic acid in the form of buttermilk or koumis, or artificially prepared buttermilk will correct the condition of deficient acidity, and will supply a nutrition at the same time which will be readily absorbed.

When the tongue is long and pointed, with very red tip and edges, and there is present tenderness in the pit of the stomach with an inclination to nausea and vomiting, hydrocyanic acid is the remedy.

When the tongue is of a deep red color, and very smooth and shiny or purplish in color, or when with this color there is a brownish coat, the breath having an offensive odor, sulphurous acid is the remedy. It may be given freely. When the tongue is red, but thick and dry and fissured, phosphoric acid is indicated. It is an excellent remedy. In some of these cases, especially those of malarial origin, we may combine equal parts of dilute phosphoric acid and the tincture of chloride of iron and give that mixture in doses of from ten to twenty drops four, five or six times a day. I believe there is a chemical action between these agents which with an excess of acid, gives us a nascent phosphate of iron which in the nascent state is very active

as a profound nerve tonic and tissue builder.

INDICATIONS FOR ALKALIES

At other times, sometimes during the course of protracted fevers, but more often without fever during the development of subacute or chronic stomach or other troubles, a condition occurs which is diametrically the opposite of that condition which demands acid. In this case there is an excess of acids, and deficiency of the alkaline constituents of the fluids of the body. Under these circumstances alkaline remedies are indicated by the following conditions: There is paleness of the mucous membranes, the tongue is broad and thick, pale, covered with a moist, clean, white coat, free secretion, common with patients during hot weather; not common during the progress of fevers; absent when there is a deficiency of secretion. Extreme pain either in the stomach or bowels, as well as neuralgias and toothaches, can be frequently relieved by neutralizing excessive gastric acidity. When this condition exists, at the onset of acute disease, either inflammatory or otherwise, or accompanying acute pain, the excessive acidity must be neutralized at once, or satisfactory results cannot be obtained from specific treatment.

Of the alkaline remedies the sodium, magnesium, and potassium salts are commonly used, and perhaps the bicarbonate of sodium the most frequently, but this is at times objectionable because of the excess of carbonic acid gas given off by the action of the sodium salt on the acids in their neutralization.

Calcined Magnesia is an alkaline neutralizing agent devoid of the objections just named, and is a very satisfactory remedy, it should be more generally used.

Potassium Hydrate—a few drops of the solution of liquor potassium in water is often efficient.

Neutralizing Cordial—syr. rhei et. potass. co.—a most sufficient tonic and corrective neutralizing agent.

Calcium Hydrate—lime-water is useful during hot weather with infants, beneficial for short periods when the evidences of acidity above narrated return. It is an unjustifiable error to prescribe lime-water indiscriminately with the milk of babes, artificially fed.

SALTS OF THE EARTH

In prescribing the salts of the earths we err often, in considering only one of the elements in the compound prescribed. All must be considered. The earths, sodium, potassium, magnesium, calcium with lithium, strontium and barium, all possess active properties in themselves. In combination these may act independently or may influence the action of the element with which they unite.

Potassium produces powerful muscular relaxation; thus potassium bromide is indicated when there is intense muscular tonicity with nervous excitement or irritation. It is contra-indicated when nervous excitement with muscular relaxation or atonicity, notably when there is feeble heart, or weakness of the heart muscle. It irritates the mucous and glandular structures of the stomach and bowels, and must not be given when these are irritated.

Sodium bromide soothes muscular irritability without depression, produces but little if any irritation of the stomach or intestinal organs. It thus promotes its own absorption, which the potassium salts retard, and a small dose to relieve nervous excitement or spasm will sometimes thus act better than a large dose of the potassium salts.

Strontium Bromide is indicated when with the general sedative effect a positively soothing and quieting influence is desired on the mucous membranes of the stomach or of the intestines, or of the in-

testinal glandular organs. The effect of this bromide is exercised to its fullest extent in this combination. When there is fullness with nervous excitement, and vomiting from gastric irritation, this salt is selected.

Lithium Bromide.—This salt is indicated when a general nerve sedative effect is desired with a soothing influence on the kidneys as when there is suppression from extreme irritation with pain across the kidneys, or deficient urine with high specific gravity, or where there is an excess of uric acid with its general, constitutional concomitants.

Space is not sufficient here to include the application of this fact to all the salts, this is done in my complete writings.

REMEDIES FOR TONGUE INDICATIONS

When the tongue is nearly normal shape in size but coated with a very thick, clean, white, moist coat, there is an excess of acidity. Until this excess is neutralized, no real good results can be obtained from other treatment, however correctly it may be indicated. Full doses of sodium bicarbonate, or calcined magnesia will sometimes do more to overcome neuralgia or other acute pains present with this condition, than morphine would do. The syrup *rhei et potass co.* is also directly indicated in this case.

A pallid tongue which has been coated, the coat separating in patches, where there is bad breath or tendency to sour eructations with gaseous fermentation, demands the sulpho-carbolates, or charcoal, or other good anti-fermentive remedy, such as sodium sulphite, especially if the coat is of a pasty yellow color, or the hyposulphite will be demanded.

Where with a white coated tongue there is vertigo with mental dullness or dull headache and nausea, especially if there be some tenderness in the region

of the liver, or the skin is yellowish or jaundiced, give *leptandra*.

If the sallowness is only about the mouth and the tongue is coated as above or is somewhat yellowish white, soft, thick and expressionless, give *nux vomica*.

Where the tongue is coated yellow at the base, or a dirty yellow and pasty, especially if the patient is generally out of tune, with a full, unpleasant feeling in the head and dizziness amounting at times to extreme vertigo with slow action of the liver, constipation, deep-seated, aching pains in the loins, associated with fullness of the veins, give *podophyllum* or *podophyllin*.

In cases of glandular disease, the tongue is sometimes puffy, livid, the base in two lobes or very broad and thick across the body of the tongue, *phytolacca* is indicated. If the tongue of this shape is of a leaden hue, give potassium iodide. It may be given in conjunction with the most closely indicated salt. If there be aching in the loins, with small doses of the acetate of potassium.

There are some cases of dyscrasia or where the blood is severely impaired or where there is glandular or skin troubles of a chronic character. In these *phytolacca* and *podophyllum* may be combined with excellent results with the acetate of potassium or occasionally with small doses of the iodide of potassium.

When the tongue is lead colored, full or slightly pallid, the so-called lilac-colored tongue with a pasty fur, give the iodide of sodium or the acetate of potassium. Especially with these symptoms there is a dirty skin, renal inactivity with some aching in the loins. This condition is often present with rheumatism, and sometimes precedes it.

A foreign writer says if the stomach is washed out thoroughly with hot water after anæsthesia with chloroform, no nausea whatever will occur.

Gleanings

SUMMER DISEASES OF CHILDREN AND THEIR REMEDIES

H. W. FELTER, M. D., CINCINNATI, OHIO.

Hot weather bowel diseases of children are among the most difficult summer problems. Whilst not difficult of diagnosis, and promptly yielding to proper medication, they are yet unsatisfactory to treat on account of many outside phases, chief among which is the lack of intelligent co-operation on part of the parent. Let us without detail briefly recall the more prominent of these affections, and name successful measures and remedies. *Summer diarrhea*, *acute gastro-enteritis*, including the severer form—*cholera infantum* and *ileocolitis*, are the more representative types of these summer disturbances. Unhygienic surroundings, careless feeding or overfeeding, and lack of judgment in the selection of foods; unwholesome water supply, uncleanness, injudicious clothing, artificial feeding, atmospheric changes and excessive hot weather, are most important factors in the causation of summer bowel complaints, which are well named the hot-weather diseases.

SIMPLE DIARRHEA is the first of these conditions. There is no fever, or occasionally but a slight rise of temperature. It arises from disturbed digestion, overheating, cold, irritating food, or even from fright. While the cause should be sought, always, for therapeutic purposes we should ascertain whether the condition is one of irritation or atony. To attribute the cause to dentition is a fallacy that should be exploded as a myth handed down from the days of unscientific "jumping at conclusions." Whilst dentition may provoke distressing nervous phenomena, it is folly to at-

tribute diarrheal disturbances chiefly to disturbed dentition.

The diagnosis of diarrhea, as distinguished from the severer summer complaints, is not difficult; the deep pea green to dark green or greenish stools of the irritative form is characteristic. Note the color of the stool as voided, for upon standing a green color may result from oxidation. Bland or acrid and excoriating to the anus and buttocks, the passage may be either accompanied with pain and straining, or as in the atonic form, characterized by the light-colored, large, watery stools, passed with little difficulty or pain. There is undue relaxation, pale face, cool surface, and feeble circulation.

ACUTE GASTRO-ENTERITIS follows a badly treated or neglected diarrhea. This is the inflammatory disorder so fatal to infants of the second summer, being familiarly known as *summer complaint*. Three forms should be noted—*acute dyspeptic diarrhea*, *acute gastro-enteritis*, and *cholera infantum*. The usual cause is atmospheric heat, especially the hot nights passed in crowded and ill-ventilated tenements, under conditions inducing simple diarrhea, with the change from the mother's milk to that of subsistence on varied foods. Cool weather always ameliorates. Indigestion is the first step in this catarrhal inflammation, for such it is, occupying, pathologically, an intermediate ground between acute indigestion and ileo-colitis. The acute dyspeptic form alarms the watchful physician, who realizes that a bowel disturbance of the second summer may suddenly take on a fatal character. The stools gradually increase, the child is restless (often attributed to teething), but there are little or no febrile symptoms. Increasing stools become rapidly offensive; then comes gaseous, green and white ("eggs and greens") stools. As the diarrhea progresses, much tenacious mucus appears; in some instances the

stools are frothy and greenish. Peevishness, pallor, lack of muscular tone and extreme emaciation follow, whilst the body odor is characteristic.

In active cases, the attack is sudden, much fever quickly develops, the evacuations are preceded by cramps, and their voiding attended with straining. The belly is puffed and tender, there is great thirst and vomiting of undigested food, whilst if emesis be prolonged, mucus and bilious material are ejected, and water, so greedily desired by the suffering child, is immediately spouted. Convulsions may be the first intimation of wrong in some cases, while others, though extremely restless and febrile, remain in a half-comatose state. As long as warm weather continues these attacks may recur, coincident with a periodic hot spell, and last for a week or ten days. Thus these cases present fever, tormina, tenesmic feculent fluid and offensive diarrhea, and marked constitutional symptoms, and coincide closely with the heated term.

CHOLERA INFANTUM is in sharp contradistinction to the foregoing, and may prove fatal in a few hours. A slight diarrhea, quickly followed by great thirst, nausea, incessant vomiting provoked easily upon drinking liquids, and large exhaustive liquid stools, ten to fifty in a day, serve to identify this fearful disease. The stools, at first containing some feculence, quickly become a colorless, nearly odorless, serum. Prostration is intense, and the body shows plainly the effect of the great drainage on the system. The deathly pallor, flabby muscles and skin, sunken eyes and fontanelles, and retracted and pinched countenance, are characteristic. The agonizing nervous symptoms of some cases—the child wanting to change its position every few minutes, are distressing. Stupor and convulsions are common, and preceding death, a high axillary temperature of 110° F. may be reached.

ILEO-COLITIS presents no difficulty of diagnosis, except when in transition from gastro-enteritis. This is a true inflammatory disease—a dysentery—most common in the summer and autumn, characterized by sudden onset, tenesmic pain, vomiting, fever, and slimy passages containing at first some feculence, but quickly becoming almost wholly of yellowish or greenish mucus, or mixed mucus and blood.

CARE OF SUMMER DISEASES.—Each case requires special study, and often taxes to the utmost the mental powers and skill of the attendant. However, as specific medication has proven, we need not, for therapeutic purposes, think of them as *diseases*, for our work is more successful when each condition as it arises is met by the indicated remedies. We do not underrate the value of nosological diagnosis, in which we believe every true physician should be an adept, but specific diagnosis points us unerringly to the best therapeutic results. To be able to diagnose cholera infantum from the other less virulent forms, enables one to give a careful prognosis.

Impress upon the mother that no treatment will be successful without the utmost hygienic care, and prompt medication in neglected diarrhea. Absolute withdrawal of food should, in many cases, be made peremptory, even though the child is fretting and crying—from hunger (as the parent thinks). These diseases could undoubtedly be largely prevented if those having the charge of children could realize the importance of fresh air, proper bathing, and cleanliness in regard to clothing, regularity and moderation in feeding, and the selection of properly modified cow's milk in those artificially fed, to the exclusion of the many baby-foods upon the market. The senseless custom of giving the baby sweetened teas, castoria and other physics, paregoric and soothing syrup, pave the way for many summer intestinal dis-

orders by keeping the gastro-intestinal tract in a continually disturbed state. Insist that nothing—not even food—be given that has not been directed or sanctioned by the attending physician.

Clean bottles and nipples, careful selection and preservation of food, judicious bathing with plain or alkalinized water, and prompt changing of napkins to avoid excoriation, are imperative. An abundance of pure, cool water, even though it be vomited (especially in cholera infantum, in which retching and vomiting are very apt to be persistent), should be given. While water is essential, it should always be given frequently and *in very small amounts*. If vomiting does occur, the water assists in washing out the stomach, and sometimes, by gradually overcoming the gastric irritability, subdues the vomiting. In some cases, sips of hot water may be relished and retained. Ice is frequently enjoyed, but should be tied in cloths, so that it cannot be swallowed. Toilet powders, especially the borated products, allay the distress caused by the acrid discharges. If begun early, anointing with olive oil or mutton tallow, protects the delicate skin from contact with the destructive secretions. Petrolatum is readily permeated by the discharges, and sometimes acts as an irritant. Clothing should be loose, cool, and adapted to the state of the weather and the condition of the sick.

MEDICINAL TREATMENT.—This must be carried out with the utmost care and exactness. The physician should see the child several times a day, for changes occur quickly, and neglect of cholera infantum invites death. When there is irritation from undigested food in the stomach, cleanse the alimentary canal at once. Some prefer castor oil, others neutralizing cordial or olive oil, or a combination of the two. When possible, enemata should be used to allay tenesmus and empty the rectum and colon. Sometimes the emetic

is demanded, ipecac being preferred, though in rare cases, lobelia is better. Indications for acids and alkalies should be promptly met, regardless of other forms of medication. To prevent sepsis and obtund the sensitiveness of the irritated membranes, use small doses of specific medicine echinacea. These preliminary directions will introduce a careful selection of remedies, with their indications, all valuable.

Aconite.—Fever with quick, small pulse and marked irritation.

Veratrum.—Occasionally useful; pulse full and bounding, with increased temperature and restlessness. To allay vomiting, if the dose be small; large doses provoke emesis.

Ipecacuanha.—Marked gastro-intestinal irritation with nausea or vomiting and long narrow tongue with reddened tip and edges.

Epilobium.—Dry, dingy, parched, and pinched skin, dry tongue, food but partly digested, and voided with sharp colicky or tenesmic pain. Infusion preferred.

Matricaria.—Great unrest and peevishness; irritable disposition; nothing satisfies patient; stools green, and pain colicky.

Dioscorea.—Bilious element predominant; skin dry; abdomen contracted; pain constant or attended by exacerbations and of the severe colicky type.

Colocynthis.—Abdominal uneasiness with tormina and colicky pains with griping evacuations. May be added to the special sedative mixture.

Gelsemium.—Great restlessness and excited circulation, flushed face, contracted pupils, and marked tendency to determination of blood to brain; convulsive movements. Dose must not be too large lest vomiting be provoked.

Belladonna.—Dullness and hebetude; child sleeps with eyes partly open; strong tendency to congestion; cool skin.

Rhus.—Extreme nervous excitation, copious watery stools, uneasy sleep from

which the child awakens with a shrill cry or scream; pinched expression about the eyes and base of brain.

Arsenite of Copper.—Large, copious, watery evacuations containing greenish flakes; sharp colicky pains; prostration following the discharge.

Mangifera Indica.—Great tenderness of abdomen; serous tissues involved. Diarrhea pronounced and persistent with marked atonicity.

Baptisia.—Purplish tongue; face has the appearance of one frozen; dark sanious or prune-juice stools with shreds of false membrane; tendency to sepsis.

Echinacea.—Tendency to sepsis strong; blackish tongue and offensive secretions. Should be used regardless of indications to prevent typhoid or septic complications.

Nux Vomica.—Atonic cases with expressionless mouth and pallid tongue.

Potassium Chlorate.—Cadaveric odor of secretions.

Magnesium Sulphate.—Tormina and tenesmus, and mucous or sanguineo-mucous passages.

Neutralizing Cordial.—Nausea, vomiting, gastric uneasiness, whitish coated tongue, and stools of a light color.

Podophyllin (1-100 trit.)—Fullness of tissue, not pinched; pulse full and oppressed; face full and abdomen tumid; undigested food retained in the stomach; curdy passages flecked with green, attended with tormina, tenesmus, and musty odor. Administer until character of stool is changed.

Quinine Sulphate.—Relaxed, pale skin; malarial tendencies; periodicity; extremities cold. Use by inunction.

Liquor Bismuth (or Bismuth Subnitrate).—Discharges pale and gushing; marked gastric irritation with vomiting; tumid abdomen.

Sodium Bicarbonate.—Pallid tongue, with white coating.

Sulphurous Acid.—Red, full, dirty, glutinous tongue; typhoid tendencies.

Hydrochloric Acid.—Tongue bright red and painted, and stools green.

—*Lloyd's Bulletin*.

TOXEMIA IN PREGNANCY

Herrick, in summing up his paper, says that the disturbances of pregnancy are with few exceptions caused by toxemias. The toxins have their origin in the increased metabolism of the mother, the enormous waste of a rapidly growing child, and in all probability partially in the chorionic tissue of the placenta. The normal woman with her reserve capacity to deal with excess of waste, passes these ordeals unscathed. Her less fortunate sister has less capacity and is overwhelmed by the excess of toxic materials.

Just where the failure lies is a matter of debate, but recent observations and experiments point to a failure of the anabolic and catabolic processes in the body which are carried out by ferments. In other words, there is a failure in the production of the necessary ferments to break down these wastes for elimination. This failure is not due primarily to disease of the kidney or liver, as is commonly believed, but these organs suffer with all others from the toxemias.

Rational treatment of these conditions should look to the correction of metabolic faults and the increase of the tissue ferments, the free and rapid elimination of wastes by occasional doses of mercurials followed by large doses of magnesium sulphate together with a free laxative effect, produced preferably with magnesium sulphate, which may be given in small doses every morning or even in dram doses two or three times a day with plenty of water. This, with plenty of water at all times, and possibly intestinal antiseptics, will relieve many patients.

In diet the proteids should be reduced to the lowest possible quantity. Fruit and vegetables, with milk and cereals,

should constitute the chief support of the patient. An exclusive milk diet is necessary at times. The fact that imperfectly developed or diseased thyroids are found in many cases and that extirpation of the thyroids in pregnant animals produces albuminuria and toxemias, would suggest the use of thyroid extracts. Care should be taken in their administration, since they are among the most powerful therapeutic agents known. Finally, the author believes that by careful observation and management eclampsia may be prevented.

—*Iowa State Medical Journal.*

THE ELASTIC BAG IN PLACENTA PRÆVIA.—Hannes reports from Küstner's clinic at Breslau that the experiences there are in favor of the use of the elastic water bag dilator rather than the Braxton-Hicks version in management of placenta prævia. The bag offers much the best chances for the mother, and in their experiences with 119 cases of placenta prævia, between 1895 and 1908, 51.2 per cent. of the children were born alive; omitting 13 cases in which the children were already dead, the percentage is 57.5 per cent. living children.

Only 0.8 per cent. of the 119 women succumbed to puerperal infection; 6 of the 119 died, a total mortality of 5 per cent., 2 succumbing to air embolism, one to the effects of a valvular lesion, one to anemia, one to persisting hemorrhage from a tear in the cervix, and one to pyemia four weeks after the child-birth.

The laceration of the cervix occurred from too strong traction on the bag before the soft parts had been sufficiently dilated. More than three times as many children were thus delivered alive by this technic than at other clinics where bipolar version is the rule with placenta prævia.—*Jour. A. M. A.*

Should self-interest ever impel the average surgeon to write a book of con-

fessions, one of the important chapters would be devoted to the subject, "How I Frequently Overlooked Cancer of the Rectum." It is so easy to dismiss with a hastily-written prescription, without examination, the average middle-aged patient who is showing symptoms of flatulence who has frequent evacuations alternating with constipation, and, most frequent of all, that anomaly, "bleeding piles."

A thin discharge, denominated by the older writers "sanious," is considered of little consequence, and the fact that cachexia, loss of weight and impairment of general health are not present is conclusive evidence to the average wielder of the bistoury that nothing of consequence is occurring.

Hirschman emphasizes the fact that "50 per cent. of all cancers occurs in the gastro-intestinal tract, and 16 per cent. of all cancers of the digestive tract occur primarily either in the rectum or sigmoid flexure." This is a startling condition of affairs, and shows how important is a protoscopic examination in all cases showing the slightest symptom of colonic or rectal involvement.

—*Lancet-Clinic.*

ITEMS

Strong, hot coffee, drunk without seasoning, in those cases of labor where there is uterine inertia, will increase the pains actively.

Cases of polyuria occurring during pregnancy have been relieved by an abdominal supporter. The disorder is supposed to be caused by mechanical pressure.

The frequent micturition is due to vesical disease, ulceration of the bladder mucosa, inflammatory hypertrophy of the bladder walls, non-capacity of the bladder to dilate and contract except with pain.—*Byron Robinson.*

A CURE FOR PARALYSIS DESIRED

Dr. J. C. Andrews of Los Olivos, California, himself a sufferer of paralysis, asks that the readers of this journal present in these pages those methods of treatment of paralysis with which they have been the most successful. I would add, let the peculiar form of paralysis with its exact indications be given as nearly as possible, and name those remedies which you have found to be correctly indicated for the conditions named.

SOCIETIES

A thirty-third annual meeting of the Michigan State Eclectic Society was held at Adrian, June 2nd. On the evening of the second day the society was entertained at a luncheon at the residence of Dr. B. A. Baker, that veteran eclectic whose name cannot appear too often in the pages of this journal. His experiences are always of value.

For the coming year, Dr. C. S. Sackett was elected president. Dr. J. E. Waddington of Detroit, secretary. The next meeting will be held in Detroit in June, 1910.

The Kentucky state society has a successful meeting in May. The work of the specific medication club was thoroughly discussed and much benefit was derived therefrom.

Reports come in from all quarters this year that the state societies were well attended and the sessions were profitable and highly enjoyable. The bulk of the work of these societies is as it should be, the study of drug action with the object of making our knowledge of each drug more and more reliable, positive and exact. This study is our peculiarity and the more attention we give to it the more perfect our work becomes.

LOCATIONS

W. H. McGraw, Marion, Indiana, about to go into other business, desires to retire from general practice. He desires to sell his office outfit, and establish the purchaser in the business. He will remain, if desired, for three months to introduce the purchaser into assisting him in becoming acquainted with the patronage, then he will retire permanently. Write the doctor directly concerning this opportunity. Marion is one of the best towns of its size in the state. If conditions are right this should be a good opening.

There is an excellent location open at Bremen, Indiana, for some good man who has a little money. It will pay well, we are told, from the start. Write to this office, enclosing stamp for reply.

NOTICE

Do you want to make \$30,000 in two years legitimately? This offer I extend only to a brother Eclectic physician of temperate habits. To float a certain safe proposition in land, gas and oil leases will require cash \$10,000. This amount will all come back to you out of the first moneys that come in, and this within six months. For your profits in the deal we can count your share to be about \$30,000. Safe, and besides you will be entitled to $\frac{1}{4}$ to $\frac{7}{8}$ of the oil and gas found on about three thousand acres of oil and gas leases, lying in the oil and gas belt in Oklahoma.

We have got to act at once. If you write me give references as to financial standing.

W. W. TOOKER, M. D.

Specific Cures, or Rare Reliable Remedies. A book worth ten times the price. For further information address J. E. Layton, M. D., Solomon, Kans.

In treatment of herpes zoster, in perhaps over a hundred trials, zinc phosphide, in doses of 1-8 grain every three hours, did not once fail to cure. I call this almost a specific.—*Horne*.

Ellingwood's Therapist

A MONTHLY JOURNAL OF DIRECT THERAPEUTICS

VOL. III

SEPTEMBER 15, 1909

No. 9

Leading Articles

INFANTILE CONSTIPATION

E. A. MENDALL, M. D., ST. JOSEPH, MISSOURI

Constipation is an annoying ailment arising from a torpid condition of the liver or intestinal glands, and is most commonly seen with children fed upon starchy foods and whose systems are weak, the muscular debility extending to the rectum and abdominal muscles as well as to the lower limbs. Children are frequently seen whose bowels do not move without assistance, sometimes going a week or ten days without an action, the stools being hard and clay-like and voided with considerable pain, even to producing hemorrhage and fissures of the anus.

Inveterate constipation is sometimes seen in children who are perfectly well otherwise, the habit being pre-natal, or due to a lack of muscular tone of the bowels. It is often directly traceable to the early administration of laxatives or enemas, nature quickly learning to rely upon assistance.

Constipation in some children is due to the pooriness of the milk, nearly all of which is absorbed, there being little residue to be thrown off by the bowels; the rectum, not having its ordinary function to perform takes on inertia and constipa-

tion follows. In other instances there is too much curd in the milk and it packs in cheesy masses in the colon and rectum and is voided with great difficulty.

Artificial foods that are plentifully supplied with starch and contain a very large quantity of waste material serve to distend the bowels, paresis of the muscular forces following, with constipation as a natural finale. It should be remembered in considering this condition that, as with adults, children differ. Inactivity does not always mean constipation. If the digestion of food has been so perfect that there is no residue, or but little, there will be a correspondingly less amount of fecal matter.

On the other hand, if the liver is active and the intestinal glands are active and there be a considerable amount of waste material in the food the stools will be correspondingly copious in quantity. The normal condition in infancy is two or three or half a dozen stools daily of the thick pasty, golden yellow character described, voided without pain, not especially offensive, not moulded, nor accompanied by an unusual quantity of gas. Large, hard stools, giving pain in passing

and being voided with difficulty, are not indicative of a normal state of the digestive process, as of the food administered. The condition is productive of harm in the fact that injuries to the rectum and anus, and not infrequently hernia, are the result of severe straining and efforts at stool.

One of the most common causes of constipation in infant life is the resort of enemas, suppositories and oils. In her economy, nature is supposed to have known how to make a perfect alimentary canal and how to perform the natural digestive process. It is not essential that the baby's bowels should move unless it suffers inconvenience, and many an officious nurse or over-anxious mother has started an infant on the way to inveterate constipation by trying to improve on nature's methods and physicking the baby while it is so helpless that it is wholly at her mercy.

Early infancy is the better time to correct the habit of the bowl torpor by proper medication. Even what appears to be an hereditary tendency in this respect, can often be overcome by a few doses of the proper constitutional remedy, whereas laxatives, purgatives, suppositories and enemas are almost certain to increase the trouble. While perhaps occasionally permissible, their routine practice is to be condemned. Often the food will be found at fault and a simple change on the part of the mother to more relaxing diet will act promptly with the infant. If, in spite of proper maternal diet, the milk is constipating to the child, one or two feedings a day of Mellin's food will probably overcome the difficulty. If cow's milk is being used it should be pasteurized, and Mellin's or other selected prepared food be given with it.

If the mother is of a constipated habit, we will be more successful in removing the torpor of the child by such means as will restore normal activity to her, rather than by giving it medicine. The means

we commonly employ are: that, on first rising in the morning, a glass of cold water be taken, adding to it one to two drops of *nux vomica*; that the abdomen be thoroughly rubbed with the hand dipped in salt water, and that a regular time be set apart (immediately after breakfast is best) to evacuate the bowels. Should this not be sufficient, ten or twenty grains of sodium phosphate may be taken in a glass of water on going to bed.

If treatment must be directed to the child, one of the best means is the establishment of regularity of habit in the child. We understand this means care; but we have seen very young children trained by constant attention and care. If necessary, an occasional suppository can be used to assist.

In conjunction with the former, or even alone, the diet must be looked after. We have called attention, in the etiology, to the deficiency in the fats, which may be increased by the addition of cream. If there be much of proteids, we decrease the same by the addition of water to the milk. In older children, the dietary may be increased by the addition of meats or beef juice, fruits without small seeds, and a few vegetables. The cereals eaten with cream sometimes assist. Some cases can be cured by giving the children a little more water.

It is a mistake to give food every time the child cries; many times water will suffice, and is what is wanted. Some simple syrup or molasses added to the water will help constipation. Soap and glycerine suppositories are frequently used, but should be used only to assist for the time being. The latter is too irritable for use any length of time. Neither should enemas be used regularly. Their constant use necessitates an increase in the amount needed for relief. Massage is good and useful in conjunction with any of the means mentioned above, and it is well to combine it with

the above, or with the medicinal measures employed.

As remarked above, the medication of children to overcome constipation is not very successful; sometimes we will accomplish the object, at others we will be partially successful, and in others we will fail entirely. Sodium phosphate, in doses of two or three grains, three times a day, will occasionally answer the purpose, and the influence is usually permanent, especially in rachitic children.

Small doses of belladonna may also be given, with the expectation of good results in some cases, owing to its action on the capillary circulation overcoming torpor and congestion. It is often combined with other purgative drugs. In those cases where the abdomen is relaxed and pendulous, with a torpid circulation and insufficient muscular contraction, small doses of nux vomica will answer the purpose; and where the liver is inactive, leptandrin, thoroughly triturated, may be given in doses of one-fourth to one-half grain.

Podophyllin 2 x trit. 30 grains, with syrup or a teaspoonful of brown sugar in half a glass of water, the child to take a teaspoonful three or four times a day, is of value when there seems to be a deficient glandular secretion as shown by hard, clay-colored stools. Cascara sagrada, used in the form of an elixir, or the aromatic syrup seems to have the widest range of usefulness. It possesses the advantage of not leaving the bowels in a constipated condition. The dose usually has to be diminished, rather than increased.

Many other remedies may be used for relief, but, as we have said previously, the best method is to attempt the cure by diet and hygienic methods.

It must be somewhere written that the virtues of the mothers shall occasionally be visited on the children, as well as the vices of their fathers.—*Charles Dickens*.

ACONITE IN PRURITIS OF THE ANUS AND VULVA

HERBERT T. WEBSTER, M. D., OAKLAND, CAL.

Aconite is a subject which has been canvassed so much that little new is now to be written upon it. When I see a heading indicating a discussion of the properties of this agent, I usually pass the article along without perusal, for the text is usually without interesting subject matter, but a rehearsal of what was long ago taught by older authorities. In this article I propose to call the attention of the reader to a practical use of the remedy which is comparatively unknown; though not entirely new, and not at all original with the writer.

Aconite, as a local application, has no peer in stubborn pruritus, especially of the private parts. Within the past year I have had more cases of this kind than for twenty years before. It seems as though an epidemic of the kind had visited my vicinity, or else a large share of all the cases occurring had come to me for treatment. I tried many remedies, but with little satisfaction, until I began the local use of aconite. Here I found a remedy which promptly relieved, and which cured, if given protracted use. Of course more time was required in some cases than in others.

The first case in which I tried it was that of a young lady about twenty-seven years of age, single. She was a music teacher, and told me that she could hardly sit still long enough to give a lesson, and could not rest at night on account of the terrible itching, which began as soon as she became warm in bed. The itching involved the vulva and anus, extending upward into the rectum. An examination revealed two small hemorrhoids, which were exterminated, but the itching continued in spite of various lotions commonly used for relief. Boracic acid, carbolic acid in dilution, tincture of camphor, solutions of morphine, with acetate of lead, borax, and other local agents failed

to relieve in the least. Finally, I remembered an experience related to me by Dr. G. W. Roberts, several months before, and put the hint into practice, with much satisfaction, for it cured the case in a little time, and gave almost immediate comfort.

Dr. R., who has visited me often for the past two or three years, while sojourning in San Francisco, on the way to and from Alaska, and who was a student in a neighboring town during the callow days of my early practice, in Ohio, informed me that once on a time he was attending a case of labor, in which a most excruciating itching of the vulva arose shortly after delivery. It was so severe that the woman begged him piteously for something for relief, "For God's sake Doctor," she said, "stop this or I shall die from it." The Doctor put to his wits' end for a remedy, had nothing with him that he could expect anything from, and was away from his office in the country. While scratching his head for an idea, he determined to use some aconite, more to satisfy the patient than from expectation of doing any good with it, so he added about a drachm, more or less, to four ounces of water, and instructed the nurse to bathe the parts with the mixture. In a few seconds the patient became loud in her praises of the remedy, which had relieved her almost at once. The pruritis at this time was a remarkable incident, to say the least of it, and one not experienced by many accoucheurs, I take it; at least I never had any such experience. The lesson was also a striking one, and the Doctor remembered it and applied the knowledge obtained under most trying circumstances in other stubborn cases of pruritis, with success.

My first case was a long-standing one; that is, it had been severe for several weeks before I was consulted, and the patient had grown thin and nervous from loss of rest and sleep. Repeated applications however, for a month, usually made

at bedtime or in the night, finally brought complete relief. The dilution of from half a drachm to a drachm to four ounces of water, was applied to the itching parts with a small cloth, or sponge.

The second case was that of a maiden lady, about forty-five. In this case the itching was confined to the vulva, and had not been of long standing. One prescription, of a drachm of Lloyd's aconite to eight ounces of water, completed a cure. Then an attorney, about thirty-five complained of pruritus ani, that kept him awake at night, restless and irritable, until he was fit for nothing the next day. He had tried several simple measures before consulting me. Aconite, drachm one to plain water eight ounces, acted promptly, and he was soon relieved. And so on, until perhaps nine or ten cases were encountered.

I have thus been very much pleased with this remedy in a class of cases which often prove very stubborn. I advise my professional friends to try it, when such an agent is needed. It may sometimes fail, but it will succeed often enough to warrant confidence in it.

Dr. Roberts informed me that years ago he related his experience with aconite in pruritus to Prof. Lloyd, and that something from that gentleman's pen has been published upon it, but I have never happened to notice the article. I have thus overlooked something valuable by not being wide awake.

MALARIA

WILLIAM F. WAUGH, M. D., CHICAGO, ILLINOIS.

What has become of our friendly old enemy, malaria? Has it ceased to agitate the framework of the Egyptians, or have they simply quit talking about it, and resigned themselves to the bi-daily shake as a matter of course? Well, we won't be so mean as to wish any human being to be agueish, but it does seem a pity—just as we had worked out the treatment to our entire satisfaction—and

it sure made money and repute for the doctor—and he needs both. But perhaps some of our family still reside in districts where every alternate day the sky turns yellow, the landscape gets paralysis agitans, the stomach reverses, and for a few hours life is a dreary waste. If so—

TO BREAK THE CHILL.—This may be done by giving a drachm of pure chloroform, by the stomach; or by forcibly dilating the cutaneous capillaries, letting the blood out from the congested viscera. You can powerfully stimulate the vasodilators with a full dose of atropine—1-100 grain hypodermatically; or you can as vigorously relax the vasoconstrictors, quelling the cutaneous spasm and forcing the sweating stage prematurely—jugulating the chill—by a centigram of pilocarpine, others will need preferably the stimulant. Acting in a different way, being in truth almost exactly antagonistic, we yet succeed in accomplishing the same object by the use of either—a good illustration of my theory that in disease we usually see two antagonistic forces at work in different parts of the organism, the two balancing exactly. We may act on either with benefit to the patient, and sometimes we can act on both at the same time.

TO DISENGORGE THE LIVER.—"To neglect the liver is death," tersely remarked a friend who practised in the Carolina rice fields. No real doctor who knows malaria does neglect the liver. Give mercury if you will—a full dose of blue mass or calomel, but I prefer a centigram of the latter, with half as much podophyllo-toxin, every half hour for seven doses. Then sweep out with a heaping table-spoonful of saline laxative. After this, keep the liver free by emetine, a centigram seven times a day if the patient can bear without nausea; if not, give as much of it as he can bear. It is good to be generous with your doses when treating malaria. I prefer podophyllo-toxin as being

less irritating than the cruder podophyllin. This dose of emetine advised refers to the amorphous form; if you use the pure alkaloid make the doses one-tenth of those here suggested. Use the pure alkaloid if you can get it.

TO PREVENT RECURRENCE.—Most of us adhere to quinine sulphate, a gram in twenty-four hours, six hours before the expected chill. Quinine hydrochloride is very much more soluble, requiring but 34 parts cold water while the sulphate takes 740. The dose is the same, but the soluble salt gets to work that much quicker. An increasing number assert that a gram of quinine arsenate equals therapeutically a gram of the sulphate. Give a centigram of quinine arsenate every two hours, up to seven doses a day, and see whether they are right. Repeat daily—dropping one dose each day until the sixth, on which give six doses. Then drop one each day till the 13th on which give five; and so on. With attention to the bowels, liver and spleen, this should accomplish the cure.

TOILET OF THE BOWELS.—To our southern friend we are indebted for the knowledge that the toilet of the alimentary canal—cleaning it out, disinfecting it with the sulphocarbolates and keeping it free and disinfected—materially aids in curing malarias and keeping them cured. Use zinc sulphocarbolate as a rule, sodium sulphocarbolates if the stomach is irritable or acid, calcium sulphocarbolate in hemorrhagic forms and when this reconstructive material is needed. Give just enough to remove abnormal odor from the stools—but don't neglect to first wash away all colonic deposits.

THE ENLARGED SPLEEN.—The specific remedy here is berberine. But don't get gay, or impatient. Used rightly berberine is sure and safe but slow. Give too much, just because somebody has found that a well-man may take a scruple without apparent harm, and you may have a ruptured spleen to treat. Give a centi-

gram seven times a day, and rest easy that no possible harm can result, but certain benefit. Berberine contracts the spleen and forces the plasmodia out into the blood-current, where the quinine arsenate attends to their cases with neatness and dispatch. Don't try to hurry it; if your patient gets impatient, tell him that men like he have been known to die in a hurry.

MALARIAL ANEMIA.—Other matters cared for—especially the bowels and spleen—give quinine hydroferrocyanide, a centigram seven times a day. Or, you may add a milligram of iron arsenate to the quinine arsenate as soon as the fever has subsided—provided there is no hemorrhagic tendency present. These little doses might irritate the stomach or constipate forming intestinal concretions. Should the iron not be assimilated, overhaul the bowels again, and make sure there are no fecal masses retained there, poisoning the blood faster than your iron can restore it. Then add nuclein, half a dram of the Abbott solution daily, absorbed from the mouth and not swallowed. This will fix the iron in the blood. A remedy well worth study here is raminicin. This contains iron, and in a form that allows it to be assimilated when it seems that none of the non-vegetable forms will answer.

MALARIAL HEMATURIA.—The plasmodia attack the red blood corpuscles, many are destroyed, the vitality of many is impaired. Quinine kills the plasmodia, but it is also a protoplasmic poison, and as such may give the finishing touch to many of the wounded cells. Hence, when quinine is administered, if there are many cells just holding to life these are destroyed and their hemoglobin appears in the urine. We see here why quinine occasionally induces hemoglobinuria while it also cures chills. Malarial hematuria or blackwater fever may also occur if no quinine has been given, if enough of the cells are killed by the plasmodia. Arse-

mic does not directly kill these parasites but seems to impart enough resisting power to the red cells to protect them against the attacks of the plasmodia. Hence it is better to treat such cases with quinine arsenate and not the sulphate. The best direct remedy for the hematuria is probably strychnine. Give half a milligram of strychnine arsenate every hour, pushing to full tolerance, till the eyelids begin to itch or the pulse tension shows that the patient has had just enough. Keep the bowels free and see that the kidneys are well flushed. Small enemas of decinormal saline solution are useful for the latter purpose.

CONGESTIVE CHILLS.—When in the presence of this imminent peril don't waste time thinking what to do. Do your thinking now, so that then you will be ready to act, with the promptness and vigor the emergency demands. Inject hypodermically the powerful antispasmodic triad—hyoscyamine and glonoin a quarter of a milligram each, strychnine arsenate half a milligram. If the case is pressing give four times this dose at once; if less urgent give one dose as above and repeat every ten minutes until the blood returns to the surface of the body, the intense internal engorgement is relieved, and the vital forces are aroused. Try and get this done before anything gives way under the strain, and you will have less in the way of sequels to cope with. Aid in bringing about reaction by hot mustard baths, rubbing, etc. Then get busy with quinine hydrochloride, giving it hypodermically. Don't be stingy—a gram is too little; give two, three or four grams. Never, never mind the pain or possible abscesses—they can be cared for later—the main thing now is to keep the patient alive.

TO SECURE IMMUNITY.—Malaria, so far as known, comes to man solely through the bite of an infected mosquito. Personally, I believe there are other methods of infection, but they have not been

proved. Therefore, prevent the attack of the mosquito and you are safe. But screens and bars have holes, and when called out at night we can not well carry a mosquito bar along. Much better secure immunity by a reform beginning at the heart instead of merely assuming a tarlatan cloak of righteousness. Take a grain of calcium sulphide, and a milligram of arsenic sulphide, together, an hour before each meal and at bedtime. Take a similar dose if called out in the night. Do not take sulphide during the period of acid digestion. By the time your skin exhales the sulphide odor you will be immune against the attacks of every species of insect pest, mosquito, chigger, flea, fly, redbug, bedbug, midge, gnat, tick, *et id omne pestiferissibus genus*. And they'll smell the sulphide before you do. I do not really know how long one can keep up such saturation with impunity—a month anyhow, and no bad effects discernible. Of course you must use chemically pure sulphides, and that means Abbott's. Some of the others have hardly even a little bad smell to recommend them.

THE REST OF IT.—There's plenty more—when did ever man say the last word anent malaria? But I've done a lot of talking, am getting tired—it's very hot—and the rest of you know—possibly—a few things about malaria yourself. And you've been itching to get your word in; so I'll leave the rostrum to you—thank you kindly for listening so patiently.

SCARLET FEVER

WILLIAM J. POLLOCK, M. D., CHICAGO, ILLINOIS.

CLINICAL TYPES OF THE DISEASE.—There is probably none of the eruptive diseases that present so great a variation in the severity of its symptoms as does scarlet fever, and to distinguish the different conditions found it is convenient to divide into five types.

FIRST—The fulminating form in which the patient usually succumbs to the dis-

ease is from one to two days. Persistent vomiting as the prominent symptom, the sore throat not very marked, diarrhoea commonly occurs, the eruption frequently does not appear before death occurs so that the diagnosis must be made from the other symptoms. The onset is extreme, often with convulsions, a rapid rise of temperature to 106° to 108°, delirium very marked, profound stupor or coma, pulse rapid and feeble and dyspnoea distressing. If the eruption does appear it is only a blush and not punctate.

SECOND—The malignant are the cases in which toxemia predominates. In these cases the temperature reaches 105° to 106° by the end of the first day, great prostration, delirium, and vomiting are prominent symptoms. In some cases the temperature continues for ten to fourteen days and subsides by lysis. The angina is quite severe, the rash profuse and well distributed, restlessness is extreme from the beginning and the child soon becoming delirious, tossing about with seemingly one moment of rest. The thirst is intense but the water is usually vomited as soon as taken. Livid spots are seen on the sides and back and ecchymoses are often seen. These cases are often fatal within the first week.

THIRD—The moderately severe type which has been described as the ordinary type.

FOURTH—The very mild type in which all the symptoms are very light.

FIFTH—The form in which the throat symptoms are particularly marked and the eruption absent or as it has been called *scarlatina sine eruptione*. This form usually runs its course in about a week and has all the characteristic appearances except the eruption.

Any one of these forms are not distinctly and absolutely divided from the other and the symptoms of one may merge into the other.

DIAGNOSIS.—A typical case of scarlet fever should not be hard to diagnose, for

there is the short incubation period as compared with the other exanthemata, vomiting associated with high fever is also not so frequent in other diseases, the rapid (140 to 180) hard wiry pulse is typical of this disease, and the intensely red sore throat would make up a list of conditions not found in the other eruptive diseases. Leukocytosis present in this disease is not found in measles nor varicella, the punctate eruption and the strawberry tongue are not present in the other eruptive diseases.

In acute exfoliative dermatitis the onset, the temperature, and the color of rash very strikingly resemble scarlet fever, but the desquamation beginning before the rash fades, there are no throat symptoms, no strawberry tongue, no vomiting at the onset, and may be a history of repeated attacks, none of the complications of scarlet fever. Rubella has a mild invasion, no sore throat, slight febrile disturbance, pale or mottled character of rash, which appears on the face first and lasts but a day or two and disappears with no desquamation.

DRUG RASHES.—Of these the more common are belladonna and quinine and the less frequent ones are potassium bromide and iodide, chloral, and acetanilid. In these we have the history of having ingested the drug and the presence of the rash with all the other symptoms lacking.

TREATMENT.—There is probably no *other disease where the positive results* obtained by the use of the indicated remedy can be demonstrated better than in this disease.

PROPHYLAXIS.—The patient should be strictly isolated in a room or better two rooms where they can be kept from coming in contact with other members of the family for six or eight weeks if necessary till desquamation is complete.

A competent nurse should be put in charge and whether she be a member of the family or not, she should not mingle

with other members of the family or others while she has charge of the case. They should also wear wash dresses so that these can be washed and sterilized before they are worn outside these rooms.

The physician should exercise due care that he be not responsible for the spread of the disease. His outer coat, hat or gloves should not be taken into the sick-room and it is advisable that he wear a surgeon's gown that has been soaked in bichloride and dried and kept at the house for his use while there, and he should disinfect his hand before leaving the place. Then he can in many cases arrange his calls on his contagious cases after he has attended his other patients and in that way avoid carrying the disease to them.

We notice that much is said by many authors and many of the health officers about removing all unnecessary furniture and draperies from the room, and if these are not properly disinfected at the time of removal, which in the majority of the cases is not done, then it is far better to leave them alone till the disease terminates and then properly disinfect with the other articles in the room. Most of the time the articles that are removed at the beginning of the attack are already infected and they are packed away in some closet or box and forgotten till they are needed, long after the case terminates, and they are then brought out to infect all those who come in contact with them. This is a common mistake. The patient should be thoroughly oiled as soon as the least desquamation takes place to prevent the scales from flying around and thus spreading the infection.

Other children of the family must be taken out of school and if possible, place them in the home of friends or relatives where there are no children, and if they do not show any signs of the disease for two weeks, they can safely be returned to school.

Playthings which the child is allowed to have should be only those that can be

thoroughly disinfected or destroyed when the patient recovers.

The dishes used in the room should be washed separately from those of the family and kept from the others to be used only by those in the sick room. The bed linen and the clothing of the patient should receive the same care and be as carefully disinfected as in other infectious diseases, soft pieces of linen should be used in place of handkerchiefs and these burned.

GENERAL MANAGEMENT.—The sick-room should be large, light, well ventilated, and kept at a uniform temperature of about 68° F. The air of the room should be kept moist. The patient should be clothed in a cotton flannel nightdress, and the bed clothing should be light and warm. It is a good rule to keep the patient warm enough for comfort.

The patient must be kept in bed and should remain there till the fever has subsided, 7 to 10 days, and avoid exposure to the cold for six to eight weeks.

The diet should be liquid during the febrile period and may consist of milk, plain broths, gruels, fruit juices, barley water, chocolate or cocoa, and a small amount of plain ice cream.

Liberal quantities of water should be given the patient during the whole course of the disease and it will do much toward helping to carry off the waste materials.

As the child passes from the febrile period, the diet may be gradually increased to include milk-toast, junket, plain rice pudding, custards, cornstarch, crackers, cereals, animal jellies, baked apples, stewed fruits, preserves and fruit jellies, and later eggs, oysters, and fish.

Meats should be used sparingly for some time. Food should be given in small quantities and at regular intervals, and I believe that there are more cases of overfeeding than of those where the patients are under fed.

Should any indication of kidney complication appear, the diet should be re-

stricted to milk and water which should be given freely.

By carefully watching the diet and the condition of the digestive tract, much trouble can be avoided.

INDICATED TREATMENT.—It is usually not necessary that we prescribe for the initial vomiting of this disease, for in most cases, it is only transient; but in those cases where there is persistent vomiting we must carefully select our remedy.

Carbolic acid m. 1-6 to 1-2 well diluted is very useful especially in those cases where the tongue is broad and moist and there is a cadaverous odor to the breath. These indications are often found in the fulminating type of the disease.

The next most common condition causing vomiting is irritation, indicated by the elongated, pointed tongue with reddened tip and edges for which, with very slight variation, we have the following excellent remedies: Spec. Ipecac m. 1-6, Emetine gr. 1-67, Dil Hydrocyanic acid m. 1-6, using any one of these as indicated every hour till vomiting is relieved.

The other remedies which we have learned to employ to control vomiting are not so commonly indicated but should be used when the indications are present.

Congestion is almost invariably present at the very beginning of scarlet fever and there is no better remedy at our command than belladonna, which, if given in small doses at frequent intervals, will equalize and improve the circulation and soon relieve the congestion.

Spec. Aconite m. 1-10 to 1-6 every hour will control the circulation by its action on the vagus, stimulating that nerve and slowing the heart, increasing the diastole, lowering the blood pressure, and relieving the tension on the arterioles by acting on the vaso-dilators, and lower the temperature. Aconite and belladonna can be given together very nicely in the early stages of the disease.

Much has been written about the reduction of the temperature in this disease by the use of the cold sponges and the cold bath with a temperature of from 70° to 90° F. but if the temperature is high and not easily controlled, then I think that much better results are obtained by the use of the sponge bath of tepid water and alcohol, or wrapping the patient in a blanket that has been wrung out of water that the chill has been taken off and then covering this with a dry blanket and allowing the patient to remain in this for about one-half hour, then taking him out and place in dry, warm clothing. This can be repeated once or twice in twenty-four hours if necessary.

Where the skin is very dry and hot with secretions decreased, the pulse full, strong and hard, you will find the use of a few moderate sized doses of jaborandi or pilocarpine will be of great benefit, and especially if the patient is wrapped in a warm blanket at the time.

In the cases with extreme restlessness, the child starts from its sleep with a cry of fright, small, quick, sharp pulse, red, irritable tongue, (strawberry tongue) bright red tumid, burning surface, Spec. Rhus m. 1-10 to 1-3 every hour will greatly relieve.

The angina is usually very troublesome and demands treatment and where we find the throat intensely red, dry and parched, the use of some of the bland gargles or sprays will afford much relief. I think that more relief is obtained from the use of the spray than the gargle because few people can gargle properly. I have used the following with good results for the above symptoms:

℞ Acidi Carbolici m. xx
 Aquae Calcis
 Glycothymoline
 Hamamelis Dest.
 Glycerini aa. oz. i

M. et sig.: Spray the throat every hour.

Where the throat is very badly inflamed, very painful, and the mucous membranes covered with a thick, sticky mucus, I find that the use of Aspirin or Sodium Salicylate, in a power blower every hour affords great relief.

The use of strong antiseptics that will irritate the already inflamed mucous membranes should be condemned. I also believe the use of hydrogen-peroxide in these throat cases causes more pain and opens up the pathway for the easy entrance of the many bacteria found in the throat into the general system, by leaving the raw surface that it does after its use.

The use of bland, mildly antiseptic solutions and powders to the throat will do much to relieve the pain and prevent the complication of otitis media which is so common.

Externally, you may apply hot camphorated oil frequently, and use a warm flannel of some cotton over this or, if there is considerable pain with or without swelling, the application of flannels wrung out of equal parts of vinegar and water that is as hot as the patient can bear and changed every 10 or 15 minutes will relieve the patient.

The indicated remedy for the inflamed glands is Specific Phytolacca m. 1 to 5 every 2 hours. Where the pain is severe, the mucous membranes red, I have had very good results by using with the above medicine the Syr. Ferri Iodidi m. 5 to 10 to the dose.

The toxemia that is present in a very large number of cases, is best controlled by thorough elimination through the bowels and the kidneys as well as the skin, and by the use of good, liberal doses of echinacea, either as the Spec. Echinacea or Abbott's tablets, which I find very good and more pleasant to take than the alcoholic preparations.

Baptisia, m. 1 to 5, is the remedy for sepsis where there is fullness of the tissues, dusky or purplish discoloration,

tendency to ulceration, poor capillary circulation, and in these cases may be combined with echinacea.

The skin should be kept well oiled after the third day to prevent the scales from scattering and spreading the infectious material. The skin should be thoroughly washed every second day after desquamation begins, with warm water and soap to remove all the loose epidermis, and then thoroughly oiled. To prevent the itching, add a small amount of salt to the oil or $\frac{1}{2}$ to 1% carbolic acid, or the use of sodium bicarbonate in the bath water will relieve some cases.

Spec. Apis m. $\frac{1}{2}$ every two hours will relieve the itching in those cases where the urine is scanty and high colored, the tissues puffy, the skin hot, dry, burning and itching.

The urine must be carefully examined and the daily quantity passed determined, and if there is any sign that there is an inflammation developing, then apply heat to the back over the kidneys or counter irritation, place the patient on an absolute diet, and induce free elimination through the bowels.

To prevent these symptoms developing, it is well to give some of the mild diuretics, as the Spec. Sarracenia m. 15 every three hours, the stigmata maydis m. 15 to 30, or the Liq. Ammonii acetate m. 5 to 10 every three hours.

Most of the nervous symptoms that we have with scarlet fever are relieved by the use of either rhus or belladonna, both of which have been previously mentioned. Some of the others may present symptoms calling for the use of gelsemium or hyoscyamus and good judgment these agents should be used when indicated.

Otitis media can, in most cases, be prevented by careful treatment of the throat, but the person who is taking care of the patient should be told to watch carefully for any symptoms which would lead you to suspect this condition coming on.

If the child complains of pain in the ear or indicates that there is pain by crying from no other discoverable cause, and constantly putting the hand up to the ear, then carefully irrigate the external meatus with hot boric acid solution at frequent intervals.

The fulminating type demands stimulation from the very beginning and I believe that there are no better remedies for this purpose than capsicum internally and lobelia hypodermatically.

BUTTERNUT AND WILLOW HERB IN CHRONIC SKIN DISEASES

SAMUEL J. HOLMAN, M. D., AUGUSTA, MAINE.

Butternut (*juglans cinerea*) and willow herb (*epilobium angustifolium*) have long been employed as remedies in chronic affections of the skin. I have not found the fluid preparations and extracts of butternut equal to an infusion of the bark of the root gathered in season; nor have I found it to be as efficient when used alone, as when associated with the willow herb. The former is given as an internal remedy, while the latter is employed as a wash to the diseased skin.

Willow herb is a remedy which I have employed with great success in chronic skin diseases. It is classed by writers on materia medica as tonic, astringent, demulcent and emollient. I have no doubt, however, that it has a special, or specific action in chronic eczema and kindred diseases of the skin. The butternut has some reputation as a remedy for inveterate cases, which are at first papular and become squamous; its curative effects are not limited to the varieties of eczema. It appears to be possessed of curative power in a variety of complaints where a disease of the skin is associated with faulty nutrition. The late Prof. I. J. M. Goss enumerates "lichen, ecthymæ, rupia, acne, prurigo, moluscum, and nolime tangere" as having been reported cured by juglans. In salt rheum, I employ an infusion of willow herb in the bath twice daily in

conjunction with an infusion of butternut bark internally.

The following cases will serve to illustrate the therapeutic power of the remedies in the diseases named:

CASE 1.—Mrs. B. had been under treatment of physicians for several years, but without permanent relief. Her family physician had assured her that there was no cure for her condition. To dry it up with zinc ointment, from time to time, was the only relief she had from treatment. When I saw her the hand and arms, as well as the face and ears, were covered with the exudate from the disease, it being the moist or weeping kind of tetter. I had the infusion of willow herb made fresh twice a day, and the diseased parts bathed with it fifteen minutes at a time, morning and evening. Associated with the treatment, I gave her an infusion of butternut bark—one-half ounce to a pint of water, this to be drunk during the day. The case was cured by this treatment in a short time. I saw her a year afterward, and there had been no recurrence of the disease.

CASE 2.—This case was that of a man, whose disease reminded me of the leprosy of Gehazi, the servant of Elisha, whose skin was as white as snow. There was no history of syphilis and no evidence of this disease on the body. The skin affection began when he was about twenty-three years old; he was in his thirty-fourth year when I was called to treat him. I assured him that the disease could be cured. His body was covered with white, dry scales. It was at first papulæ, followed by a discharge ichorous in character, the scales forming in a short time. When the disease first made its appearance, he consulted a physician, who gave him an ointment and medicine to take, which appeared to cure the disease; but in six months it broke out again, covering a still larger space. Being again apparently cured, after the lapse of a still shorter time it again broke out, and even-

tually resisted all treatment, the scales falling off and the eruptions at once appeared, to be again followed with the scaly formation. When I first saw him he declared that life had become a burden indeed. I had him steep one pound of the willow herb and put it in a bath with a sufficient quantity of water to cover the body, and directed him to remain in the bath twenty minutes, using gentle friction while in the bath. This treatment continued for one week. The daily baths were still continued, using only half a pound of the willow herb. He had taken strong cathartics so long that the bowels were obstinately constipated. I had given him, at the commencement, one ounce of butternut bark in a pint of water daily. Still the bowels remained inactive for a week. I then gave him per rectum, half a pint of slippery elm decoction with two grains of capsicum, using a piston syringe. He had a copious evacuation. From that time on he had half an ounce of butternut to a pint of water daily for two months. At the end of this time he was well, but he continued the treatment for six months. I then saw him no more for two years. When he presented himself before me, I did not recognize him, so great was the change. He said my treatment had made him a new man—there had been no recurrence of the disease. After he relinquished treatment under my direction, he had not had occasion to take medicine of any kind.

PELLITORY OF THE WALL

JAMES NEIL, DUNEDIN, NEW ZEALAND.

I have just read your reasonable demand or request for a contribution to your very liberal journal. It is a duty we owe to our fellows to give out whatever knowledge we think will be helpful to those who like ourselves are trying to serve their generation according to the will of God, my opportunities for clinical observation are not extensive.

One of the most reliable medicines that I have found in my forty years experience, is the herb called "Pellitory of the Wall," official name *Parietaria off.* Two cases that come to remembrance will prove its virtue. A girl came to my shop and asked if I could do anything for a lady who had heart disease and dropsy. She said her legs and feet were swollen and pitted to the pressure of the thumb. I gave her an ounce of the Pellitory herb directing it to be infused in one pint of boiling water, pressed through a cloth, bottled, and one wine glassful taken three times a day. In a few days the swelling was gone and notwithstanding her most irregular beating heart, after three years, she is still living.

The other case was a young woman of 25 in a similar condition, and cured by the same means. Some time ago, I sent to America for some of this remedy and was disappointed to find it was "Pellitory of Spain" root. This is not the wall pellitory that grows plentifully in some parts of England in old walls. Dr. John Skelton, one of the first and best Eclectics in England, earned his first medical fee from his knowledge of this plant. He was, when a boy, in a store one day when an old Scotchman about 100 years old came in. He was asked how he was and said, "varra weel, only an old trouble." The gravel was annoying him. When in Scotland he could cure himself with a herb called pellitory of wall, but he could not find any of it growing about. Young Skelton bounded off, and soon returned with a quantity to the joy of the old Scott who gave him a sixpence. This herb will not dissappoint any one giving it a fair trial.

AN EXPERIENCE IN OBSTETRICS

J. C. ANDREWS, M. D., LOS OLIVOS, CAL.

I notice in the *THERAPEUTIST*, July number, 1909, page 25, first experience in obstetrics, which reminds me of a case in which I was called some fifty miles dis-

tant to the sparsely settled district, April 1878 in Oregon, known as The Stock Range, at the time of year when a general round-up was had among cattle men.

The husband was out on this round-up, and the wife with her father, a man 70 or more years of age, attending to things at home. The neighbors were few and far between. The wife was now pregnant about seven months, was busy preparing one afternoon for the advent of the child in preparing bedding of various kinds. At this time she was making comforters. Her work was laid out on the floor, and she was adjusting the cotton on the lining (in a very dangerous position that of knee and hand, or that of a stretched out position) when all at once she commenced flowing freely. Recognizing her situation, she had to walk down to where her father was working, some 200 yards, in the garden. She could be tracked both there and back by the blood that escaped from her. The nearest available person was an old lady some 60 years of age, three and one-half miles distant. The father had to walk this distance to secure her aid, informing her of the condition of affairs. The old lady was quite a little delayed in securing transportation. The old man hurried back to find his daughter thoroughly saturated with blood, the old lady arrived about 11 P. M. and put the patient into as comfortable condition as possible, and set about getting word to the husband, as well as to secure the services of a physician, which took about four days, as the messenger was four days getting this writer to the bedside of the patient, when I found her well nigh exhausted from loss of blood. Pains feeble, without power, all endeavors to arouse them failed, and now concluded that in order to save the mother, the child would have to be removed, and here I was 90 miles from the nearest doctor, without instruments or chloroform or aid of any kind whatever. Thrown entirely upon my own resources

to save this woman, just after a horse-back ride of 50 miles, with a few hours rest beside a haystack, after a short rest with lunches, I prepared to remove the child by turning. There were two women present, the husband and father of patient and the messenger. The patient was one of these short, stout women, 27 years of age, (first child) muscles firm and hard, healthy in every respect.

All things being ready, patient laid across the bed, buttocks near the edge of bed, with each of these women supporting a foot of patient, I took my position on a chair between her limbs, I succeeded in forcing my hand into the uterus, ruptured the membranes, seized a foot, turned the child, carefully guiding the fetus so that head should enter the pelvis in the proper position, thus securing an easy and clean delivery.

The child was dead, the integument slipped off the body. I induced the uterus to contract and all was well; the patient properly put to bed, rested well with nourishing diet, patient with some minor troubles recovered nicely, and was soon well. I learned later that she lost another child at the seventh month, and still later was invited to prescribe for same patient to see if she could not be carried over this time, and avert a like calamity that had occurred at the same time in gestation. I answered in the affirmative, which was as follows:

R

Tr. Viburnum dram 2

Water ounces 4

M. Sig. Teaspoonful every two hours as necessary with instructions as to conduct. She carried the fetus to full term and was delivered satisfactorily.

P. S. I attended a lady a week or so since who was delivered of a six months baby. Later I warned the husband to have the wife treated to tide her over the 6th month so as to insure the next gestation to go to full term. I thought to give her mitchella and viburnum.

I have a patient that I have been treating for two weeks for liver trouble. Some doctors said he had cancer, as he had a hard knot in the stomach with pain of a crawling character, and yesterday, I learned that he passed a double handful of short worms. Are they stomach worms? I gave him specific of chionanthus, chelidonium, hydrastis, nux and piper methysticum. I think he has ulcers in or near the signoid flexure from the soreness and discharge in that region.

THE ECLECTIC SCHOOL OF MEDICINE

ELI G. JONES, M. D., BURLINGTON, N. J.

The Eclectic system of medicine was born on American soil under the shadow of Old Glory, therefore, it is an American institution. The American people owe a great debt of gratitude to this particular school of medicine from the fact of its success in healing the sick. In 1832 and in 1849, when so many of our people were dying from the cholera, and the regular school with all its prestige and science stood powerless to stay the progress of the disease, the eclectic physicians were on the firing line, they met the disease and conquered it by their simple direct medication, and thousands of our people were saved from death as a result of their skillful treatment.

In the 60's when an epidemic of diphtheria swept over our land, the regular school of medicine treated the disease with nitrate of silver to the throat, as a result of this treatment, thousands of our people passed over to the great majority. The Eclectic physicians were again in the thick of the fight and with their remedies saved many valuable lives and thereby established their reputation for success in healing the sick.

Another epidemic, cerebro spinal meningitis swept over our country in 1872, the regular school, with their morphine and ice applied to the spine, were powerless to cure the disease. Once more to

the credit of the Eclectic school, they came to the relief of the people and their remedies proved a blessing to hundreds of sick and suffering ones. So it has been in every epidemic that has swept over our land, the American people have had to depend upon the Eclectic physicians to help them in their hour of need. In the treatment of the chronic diseases, the Eclectic physicians were the pioneers, they blazed the way for other physicians. In every community where there is an Eclectic physician, there you will find a doctor to whom the people go for help, when other physicians fail to cure them. The Eclectic school was the first to teach their students that cancer, consumption, pneumonia, typhoid fever, diphtheria and many other diseases could be cured, and how to cure them. The Eclectic schools have had their share of persecution and of prosecution and medical laws have been enacted to legislate them out of existence, yet they still live and prosper at the present time, there are 10,000 physicians of that school of medicine in U. S. who minister to about 10,000,000 patients a year.

What does this system of medicine represent? Every doctor who has practiced medicine many years, knows that nature cures and that a doctor can only assist nature and work in harmony with her, any remedy or plan of treatment that weakens the vitality of the patient is a blow at our best friend, nature, and lessens the chances of the sick one's recovery. Therefore a fundamental principle of the eclectic school and the secret of their success is to "*sustain the vital power*" of the patient.

An eclectic physician never gives a remedy to a patient unless it is clearly indicated. He can tell why he gives a remedy and *what* he expects it to do. In the text books of that school of medicine, the student is taught the definite action of remedies upon certain exact diseased conditions. There is no guess work or

experimenting upon the sick, but remedies are given that have stood the test of 75 years clinical experience at the bedside. The popularity of this school of medicine, with the people, and their success has aroused much interest in the regular school until at the present time, there are at least 10,000 physicians of that school using the eclectic remedies in their practice. There never was a time in the history of the eclectic school of medicine, when there was such a demand for their text books and journals as at the present time. The doctors of the other schools of medicine know of their success in healing the sick and they want to know how they do it.

While the drugless healers are rapidly increasing in America and gaining converts every day (with 17,000,000 people in America who patronize them) the eclectic physicians will hold 95% of their families because the people know that they can depend upon them when death hovers over their dwelling. The recruits to the ranks of the drugless healers will come principally from the families of the regular school of medicine who with their 200 years of prestige, have failed to cure many of the diseases from which the people suffer. In other words, they *have not made good* on therapeutics. The eclectic school of medicine is destined to be a power in the land, with their splendid record of success in combatting with disease, they have endeared themselves to the hearts of our American people.

COMMENT.—For clear illustrations of this method, see the articles from Dr. Shadid another Regular physician, on page 335 of this issue. "*Vires Vitales Sustinete*" was the motto of the fathers of the school until Scudder fixed for all time in our platform the plank of Specific—exact—direct medication. That method has stood the severest tests, and is proving to be the rational method of treatment of disease and the one that is rapidly meeting with general acceptance.

Earth's crammed with heaven
And every common bush afire with God;
But only he who sees takes off his shoes
—Elizabeth Barrett Browning.

DILATATION OF THE ANUS

WILLIAM C. ROBY, M. D., ABUYA, SIN., MEX.

In 1861, at one time, I saw a 13-year old lad battering out of shape a frog he had just killed. Its skull was concave on top, and it was apparently *dead*. The boy's father had lived with Chief Keokuk's band of Indians, and was considered half degenerated, at least. His brother married a half breed squaw. They led the "simple life" so close to nature that I was more mystified than surprised when, in response to my reprimand for his cruelty, *he relented and restored the frog to full vigor* by means of a tender weed stem—the top of a shoot broken off where nearly tender enough to bend double under his manipulations, but not quite so flexible as that. He merely prodded its anus with the green weed, again and again, hard enough to move the animal about, and to roll it over and over. After a gradual refilling of the skull's *cave-in*, the prodding produced reflex twitchings of the legs, at first feeble, and then, at the last, with its 5th leap (each one longer than any preceding it in the series) it reached a pool and was left to shift for itself.

I had recalled the scene numberless times before 92, when I read of some Chicago Prof. (was it Dr. Pratt?) who recommended "anal dilatation" for suspended animation, obscure neuroses, hysteria, etc., explaining the rationale by the intimate relation of the sphincter nerves to both sensory and sympathetic systems. It explained the "Todal" tragedy—the mysterious magic of that restoration!

I've used rectal dilatation since, scores of times, always with success; once in particular, in a case of a solar plexus blow given to a woman by her drunken husband, an hour previous. The usual restorative means had failed, before I was called. A tight anal ring was the only sign of life—no pulse, no respiration, no animal heat. First one, then two, then 3 oiled fingers, so united as to form

a somewhat truncated wedge, were gently, yet firmly pushed through the contracted ring, and within a few seconds the deep sigh I was working for, escaped "the corpse"—per orem, of course.

My professors were all great men and gave many *facts* of value—sometimes with theories that neutralized the value of the fact itself. One was repugnant to me. The "Proff" had neither sympathy nor mercy for any hysterical woman, in which the colleagues differed from him. He argued that the symptoms were merely "*put-on*" for effect and proved it by forcing the largest drainage tube into the rectum, when (as *he theorised* it) the shame of hearing herself break wind; was all that was needed to make her forego her nonsensical hysterics! The true explanation of his really good "practice," is "*different!*" An electric bulb *in ano* would have relieved by sheer mechanical dilatation; ditto an enema!

Last month I stumbled upon the same old "practice," unexpectedly. A case of tetanus, in which the locked jaws and constricted throat would allow no remedies to enter the stomach. I was called after 40 such hours; heart trying to jump out of the body, opisthotomus doubling the lad (16 years old) backwards one toe gangrenous; all internal organs hot, all extremities and head cold. As rectal medication was our only hope (if hope there were) I undertook to get a motion to unload the bowel, now shut up for 52 hours, so as to retain medicine. The tube would not enter till the oiled finger prepared the way; when suddenly the lad spoke for the first time—swallowed his medicine easily, relaxed his muscles, and ceased his groanings. It is possible that even at that late day, echinacea and lobelia would have saved him, had I had them. Three hours after I left, the spasms set in again, and within half an hour his heart strings or aortas were overstrained, and the pains were over forever.

Probably all that can be claimed for this fact is, (a) That it confirms previous claims by many doctors as to a Physiological value in the mere act of dilating the anus. (b) The relaxation, relief of heart's anguish and lungs' congestion, and all other pain, is an aid to oral medication, and a humane act, as well as the otherwise impossible unloading of the colon. No medicine could have done any of those things *then*.

A rectal tube or tampon, or any continued dilatation would have been "sustaining," at least, and might have allowed his recovery, which otherwise was certainly forestalled.

CHIONANTHUS

D. W. LEMING, SECY.

The "Eclectic League for Drug Research" reports on drug "Chionanthus" as follows:

Apparently the only field of action of chionanthus is the digestive tract, especially of the liver. Its ideal case seems to be that of sub-acute states accompanying catarrhal and congestive conditions of the bile secreting tissues. With this may be a long train of sick headache, eructations of gas, nausea or vomiting, neuralgic pains or direct pains from the congested liver, constipation, clay colored stools, jaundice, etc.

Secondarily, the kidneys may suffer considerably and always the specific gravity and color are increased. Its common indications of clay colored stools, high colored urine, pain in the region of the liver and jaundice with loss of appetite, etc., are well known. As a digestive stimulant and tonic under these indications it will not fail, providing the trouble is not actual organic obstruction to the outflow of the bile. It is one of the kindest and most important remedies on the digestive organs that we have.

In some cases of diabetes its action is marked. Many cases have been to date reported as to its usefulness.

In the October report of the American Materia Medica Club, Dr. R. B. Taylor of Ohio, speaks of a case where it was given with effect.

I, myself, have used it a great many times when the urine was suspicious, in fact, have come to look upon the high specific gravity and the "suspicion" of sugar, as a pronounced indication for chionanthus.

Dr. J. E. G. Waddington, Detroit, reports an interesting case of diabetes mellitus, as follows:

"Ten minims of specific chionanthus, gradually increased to twenty, every three hours, added ten pounds weight to an 85 pound girl 16 years old, with diabetes mellitus of one year duration, given up to die by the family physician. It reduced the urine from eight pints daily to three. Nothing else was given." When she seemed to remain in statu quo, other drugs were given as indicated. He says, "She is holding her own. She was very constipated, stools light and clayey, dullness over liver. She is now getting only ten to fifteen minims three hours after eating."

While it may not be a "cure" for diabetes, it will undoubtedly work wonders in cases where the wrong was primarily excited or is augmented by the wrong in the liver.

Lexington, Ky., Aug. 1, '09.

ACUTE ENDEMIC PARAPLEGIA FROM OBSCURE CAUSE

J. M. HOWARD, M. D., BRONTE, TEX.

CASE NO. 1.—A boy aged fourteen years had good health until two years ago when he had a fever which lasted seven days, but he made an uneventful recovery. He was not sick again until July 1st of this year, when he had a slight fever, and the bowels were somewhat deranged for a few days. He then got better and resumed his work. On July 7th, I was called and found his temperature 97°, pulse 50, with complete

paralysis of the lower extremities. He had no use whatever of his legs, and the patellar reflex was entirely absent although the sensation was unimpaired. The bowels were constipated, the tongue was coated with a white, pasty coat, very thick. He had not passed water for twenty-four hours. I passed a catheter, and found about half a teacup full of water in the bladder.

The pupillar reflex was good. He did not complain of headache, or in fact, of any pain. He had no appetite, and was greatly prostrated. I diagnosed the case as osteomyelitis, and called in consultation a physician from a nearby city with the intention of placing the boy in a Sanitarium.

CASE 2.—The physician reached me the next evening at 8 P. M., and we went out together to the boy's home. There we found, to my surprise, that an older brother, aged seventeen, had come down with precisely the same symptoms, with the same paralysis. This latter case regained the use of his legs in two days, after I took charge of the case on the 7th of July, while the first case has only regained sufficient use of his limbs to hold them up when they are raised. Both of these patients have recovered their appetites, and their digestion seems normal. They eat well and sleep well, but they are not able to walk, and it is now twenty days since they were taken sick.

A matter worthy of mention is that there was almost complete suppression of the urine for several days. After the kidneys began to act there was great quantities of mucus passed. They complained a great deal of muscular pain, and the muscles below the knees atrophied to a considerable extent, and the tendinous portion of the muscle at its insertion around the joints became very tender, and on the gracilis muscle from the symphysis pubis downward there developed a line of herpes as far as the knee.

These boys had a pulse as low as 48 with the temperature from 95 to 98½, but the respiration has been normal. Both are bright, and cheerful, and seem to be in good condition, except for the paralysis in their limbs.

CASE 3.—A young lady aged 24 complained of weakness below the knees, and pain in the lumbar region. She went to bed and sent for me. I found the temperature 102, the bowels very sore, tender to pressure, no distention, but with gurgling. There was extreme headache and great thirst. The tongue was very red and broad, and coated with a yellow fur. A paralysis rapidly developed from the hips down. She could not move either foot. The ankle joints were painful. She complained of a very bitter taste in the mouth and was very weak. Under treatment for a few days, the general condition improved, but the muscles were very stiff in the morning. The right elbow was affected, the tendon of the biceps muscle was painful and when the arm was flexed it was then almost impossible to straighten it. There was great soreness in the fingers and the wrist. There was no appetite at all, complete suppression of urine, great soreness of the muscles of the abdomen, and also in the muscles of the neck. Over the lower dorsal vertebra, there was aching and tender to the touch. The pains finally occurred in the left hand and the fingers became swollen and stiff.

About this time the patient developed a pleurodynia very severe, which lasted about twelve hours. The eyes became yellow at this time, and there was a general jaundice developed. The tongue was red and covered with a yellow fur. There was no soreness of the bowels and at this time the kidneys acted well. I have been able to get good elimination, and good general reaction from my treatment. The patient can now walk a little, the jaundice has disappeared; the difficulty in the joints is nearly gone; the bowels

are moving normally and the appetite has returned. This case has run its course in about fifteen days, while the other patients had a temperature as low as 96 with a tendency to subnormal temperature and pulse. These cases all complained of weakness in the knees as the first symptom of the paralysis with incoordinate movement. There is an inability to place the feet as they desire. The weakness in the lumbar region was complained of by all a short time before the paralysis developed.

I would like very much to have the opinion of any reader of this journal as to what this acute paralytic is due; what name to give it, and how it should be treated, and if possible, what is the cause.

WAS IT TYPHOID WITH COLLAPSE?

J. M. HOWARD, M. D., BRONTE, TEXAS.

A man aged fifty-five was taken with a severe chill. Let me add right here by way of parenthesis, that we are very free from malaria in this extreme western portion of Texas. Being called, I found the temperature 104°, the patient suffering from myalgic pains with muscular soreness, more or less diffused, resembling muscular rheumatism. He was suffering from severe headache and nervousness followed by extreme weakness, thinking I had a case of La Grippe, I gave quinine. The fever subsided to 101°, but there it remained, and would not further yield. The pulse rate was from 100 to 110. There was great prostration, hacking cough, marked insomnia, with delirium all night, but he was perfectly conscious during the day.

The tongue was large and flabby, and coated with a moist fur, the mucous membranes were purplish. The bowels moved well every day with a dose of oil. There was no tympanites. This condition continued for about fourteen days. The tongue became pointed and red, with a

heavy coat on the base. There was frequent movements of the bowels of a watery character, which resembled pea-soup. The pulse continued at from 100 to 110. The patient made no special complaint.

This condition continued further, until the twenty-first day, when the patient had a discharge from the bowels of bloody water. The blood settled to the bottom of the vessel, leaving the serum colorless, there then developed an extreme soreness in the bowels but yet no tympanites. They had a soggy feeling, with a sound of gurgling and splashing in the bowels that could be heard across the room. Vomiting soon occurred, and violent purging.

I then administered a hypodermic injection of morphine with atropine, which checked the condition of the bowels, and permitted the patient to sleep for about five hours. When he awoke the vomiting and purging returned, but there was nothing discharged but clear water, or a similar discharge to the rice water discharge of cholera infantum.

At this time exhaustion almost to collapse occurred. His temperature dropped to 96°, pulse 50, respiration 12. He was bathed in a cold sweat. The fluids of his body were literally pouring out of him. I gave him one-twentieth of a grain of strychnine and one-fiftieth of a grain of atropine, and used a mustard bath, with a sponge, and gave half of a gallon of the normal salt solution in the rectum. This produced a pronounced impression, quickly changing the entire condition. The pulse became normal, the headache ceased, the myalgia disappeared, the bowel movements became normal, and in four days the patient was discharged cured. I would like to know what this disease was. It is not like anything that I have ever seen, and the recovery was not as we would naturally expect from the influence of such extreme symptoms as those which I have here described.

Letters

WHAT IS LIFE?

"Canst Thou by searching find out God?"

Editor Ellingwood's Therapist:

In the July THERAPEUTIST, in an editorial on "What is Life," you take issue with professor Huxley's definition of Life. Let me quote—"Huxley defines it as a form or mode of ordinary force, he says further that its phenomena are dependent upon the workings of physical and chemical forces, and a mass of living matter is simply a molecular machine of great complexity, depending in its workings upon its construction and upon the energies supplied to it. But he makes no effort to explain the source of this energy." Professor Huxley took it for granted that his readers already knew that force is an inherent property of matter, that they can not be separated, that one can not think of one without at least implying the other. The day is nearly at hand when they will be considered one and the same thing.

In my judgment, Huxley gave the best definition of Life that was ever given. If he was alive today, he might go a step further in this direction. He might say that as nerve force affects the electro-scope in the same way that electricity does and as nerve force can be measured in the same way that electrical force can. That if they are not identical, they are closely allied. And that all cerebration unconscious as well as conscious, including thought, are simply discharges of this force within the various regions of the brain. You say that Haeckel accepts Huxley's statement as to its being a form of force, but makes the untenable statement that force is the result of organization occurring antecedent to a cause of

its occurrence. You do not understand Haeckel as I do.

All matter and force existed from eternity in matter; there always existed the potential, or possibility of Life. Matter properly organized and in the proper environment—the force which existed in another form, changes into that of Life.

You again quote Haeckel as follows: "Somehow, somewhere, in the turmoil of a cooling planet, there chanced to be formed, there must have been formed a bioplast."

By virtue of the above, what is wrong with the bioplast? We have the organized matter and the environment. You deplore the unscientific way in which he handles the subject. I shall quote again: "Because he does not recognize God or any force back of the physical or chemical forces therefore to him no such force exists."

"He with other materialists, like an infant, limits the existence of things by his knowledge of them."

In conclusion, you affirm there can be no constant exercise of physical, chemical or vital phenomena without the constant exercise of an overruling superior force, which, being *outside the pale of scientific demonstration can be no other than divine*, did you expect Huxley and Haeckel to base their conclusions on a proposition outside the pale of scientific demonstration? Huxley and Haeckel base their conclusions on what they know. Do you base yours on what is outside the pale of scientific demonstration? You say these things can not be other than divine, how do you know? because they can not be demonstrated, there is one difference between you and other supernatural superstitionists and Huxley and Haeckel. You let your zeal, emotion, and sentimentality outstrip your reason. They do not.

There is one more point I wish to notice and that is this, "there are other scientists whose authority is as great as that of any materialist, who look beyond

physical force for a cause of physical manifestation." The scientific world recognizes Haeckel as the greatest biologist that ever lived. The judgment of any one whose mind is developed only in one direction and is warped by superstition does not settle this question.

N. M. DEWEES, M. D.

Cambridge, Ohio.

COMMENT.—Concerning these conclusions which have been presented by other materialists for years past, Joseph Cook says, "precisely here is the rock on which materialism, and the radical form of the evolution theory wreck themselves." It is true that science is limited by man's knowledge.

There is physical law and there is spiritual law but who can say where physical law ends, and spiritual law begins. Science ends with the end of physical law.

John Stuart Mill, while trying to reconcile the action of the mind with the physical manifestation and to explain life, as Haeckel does, as a result of physical force, says "*the laws of nature do not account for their own origin.*" There is an instinctive tendency in the human mind to reach beyond the limits of human knowledge, and to believe, through the apparent possession of an innate consciousness, that there is a *real cause* for all things created. The existence of a Supreme Being is a fundamental conviction of the human mind, and both science and philosophy maintain such an existence.

With the scientist's own reasoning, if "the laws of nature do not account for their own origin" the human mind must reach on for a cause or its search be incomplete. It must reach on into the physically unknowable—beyond the bounds of science, and following this instinctive tendency of human belief, it is satisfied that the laws of nature are of Divine origin and that God is the Creator and Designer of the universe and all its laws. Sir John Herschel, Carpenter, Dana, Pierce, Beale, Grove, Agassiz, and many other modern philosophers declare unequivocally that force, wherever exhibited, is a divine origin.

The so called scientific explanations of Life and force, are purely intellectual processes. To the mind open to a knowledge of God, God is eminently knowable, and once actually known and appreciated, it becomes in no sense, to the individual, a process of reasoning that there is a God. There is an indescribable conscious knowledge of that fact, which cannot be explained. As he develops that knowledge, by conforming his will and his life, to the standard God has set for him, there is revealed to him a consciousness of God's sufficiency, omniscience and omnipotence, which no one can conceive of, who refuses to be placed in harmony with God. To such a mind God is seen

everywhere in Nature. Browning says, "Every bush is afire with God, but only he who sees takes off his shoes."

To such a mind the perfection and faithfulness of all nature's processes, manifests the perfection and faithfulness of this Great Designer. And this perfection, instead of leading man to an opaque materialism which leaves him in darkness as to a cause, correctly reflects God in his unchangeable character and as the Author of all Life.

OBSTETRICAL METHODS—HERPES ZOSTER—CALC. FLUOR

Editor Ellingwood's Therapeutist:

Your editorial in the March number of the THERAPEUTIST, Obstetrical Training and Obstetrical Methods, is to be commended. To expose a woman in her confinement as some physicians do, is a shame, if not brutal. Many will agree with you, and especially the older practitioner, that everything necessary to be done, even to the application of forceps, can be done under cover.

I am called in many a lying-in case because it is known that I do not expose my patients. Not very long ago, I was called to assist a young physician in a labor case and on entering the lying-in room, found the patient from breast down, as naked as when she was born. On replacing the covers, I received a smile and kind thank you from the woman. Is there any just reason for such exposure?

Last week I attended my 688th case of labor; in that number I have used the forceps four times, had one case of post partum hemorrhage, one case of puerperal fever and no deaths. In no case have I found it necessary to expose my patient as in the above case.

In herpes zoster, I have been successful in the use of zinc phos., gr. 1-8, nux vomica gr. 1-4. Dr. Dan'l E. Hughes, in his Practice of Medicine, gives this formula: zinc phos., ex-nux-vomica of each gr. 1-10; to be given every two to four hours.

In the July number of the THERAPEUTIST, Dr. J. S. Shields asks, "Does calcaria fluor. act in the 6 x potency?" It does

and sometimes with better results in the 12 x and 24 x. This remedy is a powerful tissue remedy.

The THERAPEUTIST is a welcome visitor and has been of great assistance to me in my practice. Keep up the quarrel.

W. E. COQUILLETTE, M. D.

CARBOLIC ACID AND ALCOHOL

I have been an interested and benefited reader of your Journal for some time, and heartily approve of Therapeutic Facts.

But the value of this department depends on truth. I was much surprised in reading in the June number, Page 181, as alleged fact on (Cure of) *erisipelas*, as follows: Carbolic acid dram one; alcohol Qs. dram one. Mix. Paint on cautiously every four or five hours. If the writer of that fact would have considered his chemistry, he would have known that so far as the carbolic acid is concerned, it would be entirely neutralized by the alcohol, and I am sure he would not advocate the use of alcohol as a cure for *erysipelas*.

In this connection, I will contribute my Fact based on perfect success in every case of *erysipelas* I have treated, for eight years not only in my practice but in that of my associates, in dispensary work and private practice.

Paint over the whole of the diseased and with pure carbolic acid 95%. Then wait two minutes and paint the area with pure grain alcohol. I have never had the disease advanced one line after this treatment. I usually then apply a gauze dressing, wet with 25% carbolic acid in glycerine for two or three days changing it as my judgment directs.

W. S. ROYCE, M. D.

IMPOTENCE

Many patients (young men) come to me, with the complaint that they are discharging very soon, when performing sexual intercourse. Nearly all of them

have the history either of masturbation or sexual excesses or of both. They now repent their past conduct, but what is done, is done. Our duty is to try to restore their power (retentive). They have no sexual enjoyment now; in short, they are disgusted of it. I have come across hundreds of these patients, but I am sorry that I cannot do anything for them. I have tried good many drugs, but to no good purpose. Now would you please suggest some medicine for the welfare of these patients, so as to restore their power and to bring the sexual organs to a healthy condition. Some have got into a very pitiable condition. They will have a discharge even at the very thought of sexual enjoyment. Kind, frank and open-minded as you are, would you please write me fully about this subject, so that I may be able to relieve, if not cure, these distressed poor fellows. (

Trusting you will please excuse me for this trouble and encourage me for the future, as you have kindly done by your last letter, I am yours,

SUKH DYAL, L. M. S.

Shahpur, Punjab, India.

COMMENT.—The above has been filed for some time because the address we had was incorrect and no mail bearing it would reach the doctor. We hoped he would write us again giving us a correct address. These patients in the lower walks of life are seldom benefited by treatment because they cannot exercise proper control over their thoughts and their desires. By the proper exercise of a psychic influence with correct remedies, these cases are quite satisfactorily controlled among our patients. They must resolve to abstain from indulgence of every kind for a number of weeks; must take no stimulating food nor drink; they must think no lascivious thoughts and must have perfect confidence in the fact that they will be soon entirely cured. I think there is no condition over which mental influence exercises greater control than in this.

The medicines that cure the condition are all tonics or sexual sedatives. They are phosphorous, Strychnine, or nux vomica, Saw palmetto, or Avena Sativa. Immediate control of sexual excitement is accomplished with Ergot, the bromides, Lupulin, Cannabis Indica. The continuous use of Staphysagria in 2 or 3 drop doses usually makes permanent the result of the other remedies.

Therapeutic Facts

SINGLE TRUTHS FROM MANY DOCTORS AND MANY
TRUTHS FROM EACH DOCTOR

Enuresis

DEAR DOCTOR:—In reply to the inquiry of Dr. Montgomery for treatment in his case of enuresis, I would like to have him try 15 drops specific rhus aromatic and 4 drops sp. tr. thuja in a little aromatic elix. of licorice and water four times a day. It has never failed me.

The trouble in his case no doubt originated with phimosis, from the history of the case, and of course before he can expect results he must see that the prepuce is not causing any further irritation.

I am treating two cases at the present time this way. One a boy of fourteen years who wet the bed every night all his life, although nature has loosed up the prepuce. I have treated him now for four weeks and he has not wet the bed for two weeks. Another boy of 12 years in the same condition, also having fits on an average of twice a week, was circumcised four years ago, and then fed on bromides till he was almost an idiot. Urine very turbid and strongly alkaline. I gave him this treatment together with two granules of cicutine hydrobromate four times a day. The urine cleared up at once; he is wetting the bed about once a week and has had one fit in the five weeks I have treated him. I think the doctor will be pleased with the results if he will try this. M. C. BRASHER, M. D.

Mangifera

I have found this remedy to be a most excellent one for the treatment of nasal catarrh, diarrhea, dysentery and leucorrhea, also as a gargle in tonsillitis, and in profuse menstruation.

Properly diluted, this serves as an excellent treatment of foul ulcers and for

prolapse of the rectum or vagina. It has a special tonic action upon the mucous membrane, exercising a beneficial influence directly. In diphtheria and in other malignant laryngeal affections, and in the treatment of muco-purulent discharges from the bowels or from the uterus. S. H. COWDEN, M. D.

Dr. Gregg's Case

DEAR DOCTOR:—In your July number, page 264, answering "A Persistent Skin Disorder," by Dr. E. H. Gregg, I have had good success with my cases of that description with the hyposulphite of soda 1 oz. to 1 quart of water and the skin bathed with the solution twice a day and left to dry on. I also used in some cases echinacea and berberis in the usual size doses, but found no particular difference in the quickness of a cure. I believe Dr. Gregg resides in a small town in the country where people sleep on straw ticks. Many of these ticks contain straw that has been used for several years and I believe there is a small insect that develops in these old beds, which either penetrates the skin or feeds on the person in the bed. I have ordered all old straw in ticks burned and with the hyposulphite solution have had very little trouble with these cases. I may not have tried as many cases as Dr. Gregg has, and the suggestions may not be of any benefit to him, but I send this to him hoping that it may benefit his patients as it has mine. F. G. WACHTENDORF, M. D.

Enuresis

In your July issue of the THERAPEUTIST, I notice S. H. Montgomery's inquiry. Recently I have handled two cases of enuresis in children both of which also had dribbling during the day, when at play. Circumcision in the case of the boy rather aggravated matters. Several remedies were tried without avail until thuja and fragrant sumach (rhus aromatica) were exhibited when I had a

steady improvement. My method was as follows:

R

Rhus Aromatica Dram 1

Thuja Dram ½

Aqua Ounce 4

Mix. Sig. Teaspoonful every two hours.

This may not be the remedies for Doctor's M's case, but where there is dribbling of urine, thuja does the work.

Recently an elderly lady 83 years of age fell and fractured the neck of the femur and we put her to bed to await the end. There was absolute loss of control of the urine which preceded the injury:

R

Nux Vomica drops 10

Thuja dram 1

Aqua Ounce 4

Mix and give a teaspoonful every two hours. In a couple of days the trouble left and now after almost four months, she is still well and sits up the major portion of her time still awaiting the summons.
R. B. TAYLOR, M. D.

Dermatitis

The best local application I know of in dermatitis from any cause, as well also for erysipelas, and for sprains, is a saturated solution of magnesium sulphate. In erysipelas the effect is wonderful. The dressing is renewed in every case before it becomes dry. I do not understand the action of this solution. I wish I did, but it does the work. I wish my knowledge of it was more than empirical.

CHARLES GAVILLER, M. D., C. M.

In Typhoid Fever

First to prevent further infection, etc., its spreading, adopt a systematic and thorough sanitation, together with disinfection of all excretions from the patient, and a complete sterilization with hot water of every vestige of linen from the bed or body of the patient, immediately on its removal. Give echinacea

from the first to last (as a disinfectant). Combine this with passiflora to quiet the nerves and give rest. Control temperature by bathing, either complete or the sponge bath. Don't neglect this.

Give abundant water to drink, the more the better. Water is nourishing, besides when used freely it greatly facilitates the elimination of toxins. Feed sparingly, very sparingly, first and second week. Otherwise let "drug action meet disease expression."

These conclusions are the result of thirty years experience.

W. H. FREEMAN, M. D.

Amygdalus Persica

In this season of green apples and consequent gastro-intestinal irritation with vomiting and diarrheas, it is well to spend our leisure time in the study of gastro-intestinal remedies. At the head of the remedies on my shelves stands amygdalus persica or peach.

All are familiar with the peach tree which grows in all the temperate climates of Europe, Asia and America. The tincture is prepared from the bark of the young twigs and the leaves.

The specific use of peach is to relieve irritation of the stomach and as a tonic in irritable states of the abdominal viscera.

Its medical properties are tonic, nervine, mildly astringent and antiseptic. Its use is very gratifying in children and its specific indications are persistent nausea and vomiting, elongated and pointed tongue with red edges and tenderness over the abdomen.

It equalizes the circulation through the bowel, engaged with putrid and undigested food, allaying excessive peristalsis and promoting normal glandular action in the intestine. It increases the tone of the peptic and hydrochloric glands, facilitates the flow of the gastric juices and succus entericus. It prevents regurgitation of food from the stomach by its

action on the circulation and the quieting of gastro and visceromotor nerve impulses.

It may be combined with dioscorea in intestinal colic and vomiting, with cerum oxylate in vomiting, of pregnancy, with geranium in the vomiting of cholera infantum and with fareol in the vomiting from the ordinary sick headache.

I think this drug is neglected and rise in praise of the agent which has helped me to so many good results.

A Peculiar Cough Cure

Last week I was called to see a man and wife, healthy, robust people, past 60 and rather plethoric, both suffering from an explosive cough, you have seen the kind, makes one lay his hands on the abdomen and lean forward. I prescribed as follows:

R

Quinia Sulph. grains 18
Leptandrin grains 10
Podophyllin grains 2

Mix. Chart No. 6 Give one before meals the first day, one in the morning, and at night on the second day, and one the third day. This is a formula given me by my preceptor thirty years ago, and I have never had a patient need the fifth powder. I will give you something on specific xanthoxylum when I write again, that I think will prove of interest. Hoping this will be the beginning of a pleasant friendship.

A. O. REPPETO, M. D.

Enuresis

I notice in the July number of the THERAPEUTIST on page 162, the article on Nocturnal Enuresis and the comments. I will say that in forty-six years practice, I have cured nearly every case that has presented itself to me, in a very short time, with the use of 1-50 of a grain of cantharidis. One of the cases took fifty granules, before there was any re-

sults. In giving this remedy properly, I expect a cure to follow as sure as night follows day. W. S. CLINE, M. D.

COMMENT.—The doctor does not give us the frequency of dosage nor narrate any specific conditions for the use of this remedy. It could hardly be expected that every case without discrimination would be cured with Cantharidis, as some of these cases are caused by conditions diametrically the opposite of others. The doctor must have had a class of cases in which all were similar.

Infantile Urinary Retention

I got on to a new scheme (to me) for making the new born baby urinate when he don't want to. It is the method that an old Jew Doctor always used, and the woman that did most of his nursing said she had never known it to fail, and since I have been using it I have had universal success.

The treatment is this: Take an onion and peel off a layer or two, and get a section of the thin skin that covers the layer, and wrap it around the penis of a boy, or place it in the vulva of a girl, and the water will soon flow.

If your readers never heard of it let them try it.

S. D. PACKWOOD, M. D.

A Therapeutic Fact

During many heat prostrations here, I find that two H-M-C tablets given fifteen minutes apart and another in one hour masters the most severe case, where violent convulsions are present.

I have anesthetized ten patients for various surgical operations recently and find that two tablets injected an hour apart puts the patient into a deep sleep even before he is on the table, after which during an operation lasting one and one-half hours, I used but 3 to 4 drams of chloroform with no subsequent nausea. As a result "the new anesthetic" is receiving considerable of my attention.

LOUIS H. FREEDMAN, M. D.

A Menstruosity

I send the following for the Curiosity shop: I was called June 25th, 1909, to attend Mary B. in her first confinement. On examination I found that the membranes were ruptured, and that an elbow was presenting. I called a consultant, and we delivered the lady of a small female child presenting the following abnormalities: The head was rather small and resembled that of a frog; the cervical vertebra seemed to have been omitted; the superior and upper posterior part of the head was surmounted by a blood tumor or cyst, larger than the head.

Parallel to the spinal column and extending from the scapula to the ilium, and gaping something like an inch, was what looked like a lacerated, sloughing wound. Fortunately the baby was dead. The woman made a good recovery.

G. W. BUCKMASTER, M. D.

For Burns

R

Acidi phenici

Pulv. Camphoræ of each dram $\frac{1}{2}$

Lanolini puriss.

Ungt. aquæ Rosæ of each . . Ounce 1

Mix. Sig. Apply often on cloth.

M. SHADID, M. D.

Lycopus

It seems to me, from what I read in the Medical Journals, that many members of the profession have the impression that lycopus has but little value. In the treatment of diabetes myelitis I have found this remedy in a certain class of cases a remedy of great value. The diet however, must be properly looked after at the same time.

I have not been able to determine for myself the exact class of cases it will cure. My experience has been in cases where the patients were naturally fleshy and the flesh and strength was giving

away to the disease. That this remedy will cure certain of these cases is a positive fact, and in some cases it cures where everything else has failed.

F. L. GERALD, M. D.

Hemorrhoids

For several years I have been convinced, that it was not difficult to cure piles, especially those not of long standing, by medical treatment. The truth has grown upon me that this course, everything taken into consideration, is more successful and satisfactory than the operative course. It takes time, however.

For treatment, I have depended upon collinsonia and hamamelis. I give these each in ten drop doses together, every two or three hours, and apply a mixture of the two in equal parts two or three times a day. In extreme cases I have painted a protruding pile of long standing with full strength Monsell's solution a few times, either once a day or once in two or three days.

Recently a number of cures have been accomplished by injecting glycothymoline full strength into the rectum in quantities of from one to two ounces. Although a proprietary preparation, this has such an excellent formula, and is in such general use in the profession that I do not hesitate to mention it. I believe this remedy could be alternated with my course with very successful results. I am trying to persuade physicians to give all of these cases a thorough treatment with medicine before resorting to operation.

"For after all the victor is the man
who's come to stay—
Who won't give up when circumstances fail
to come his way;
Who keeps on rustling just as if there'd
not a thing gone wrong—
Why, Fortune can't hold out against
such striving very long;
The world admires such a man and
brags about his pluck,
Because he gains the victory without
the aid of luck."

Ellingwood's Therapeutist

A monthly journal devoted to the study of the most direct action of drugs upon exact conditions of disease; issued on the 15th of each month.

Edited and published by FINLEY ELLINGWOOD, M. D., 100 State Street, Chicago.

Subscriptions, \$1.00 per year in advance and One Therapeutic Fact, which should be sent with the subscription.

Editorials

As I have frequently asserted, this journal is published, not for the Editor, but for the Doctor—for the individual subscriber—and for every one of these. THE FACTS, must come from them. It is a positive part of your obligation, Doctor, that you furnish at least one fact with each year's dollar you send me.

I must have YOUR FACT now. If I can secure within the next 60 days, two hundred only, of these practical facts, I can plan a journal for the coming year that will be a delight indeed, to the heart of every doctor.

Every reader must at once charge his mind with his own personal responsibility, in co-operating with me actively, in the important work I am trying to do, in collecting for, and giving to the profession the most correct truths, the most positive, exact, absolutely dependable facts, known today in the application of drugs to the cure of disease.

* * *

After perhaps another month, I am going to change in some particulars the make-up of this journal. I shall study every department in its typography to determine how I can improve it. The policy however will not be changed, but I am now instituting a plan by which I shall have a more thorough study of individual drugs by our more experienced men, and I hope to lay out and develop a plan of work in the line of the observation of drug action, which will bring to light new facts of much value.

I am hoping that I shall be able also to make more attractive by making it very specific, the department of individual experiences, under the head of Therapeutic Facts.

* * *

I shall insist as I have done, on the exact and careful statement of every fact, and I shall endeavor to get rid of *general*

statements, *hastily drawn* conclusions and imperfect observations.

The busy fall time is now open, and at this particular time there is usually an increased opportunity for practical observation, and this opportunity must be made the most of by every observer. I want every subscriber to keep in mind the important fact, that he is, to a large degree responsible for the success of this journal; that the correct, practical statements made are that in which its value lies.

A fact from every subscriber, every year is imperatively a part of the subscription to this journal, and must be contributed. While we seem to have an abundance of them, we have not heard this year from more than ten percent of the entire list. The ninety percent of delinquents must come up to the scratch. If that includes you, doctor, "pony up." Your time is up on the fact question, which is long over due. Give it to us quickly, and carefully expressed, and see how much good it will do.

Still from all sources come reports of the popularity of our methods of drug application. This increased and growing popularity can depend upon nothing other than *the success of the methods*.

* * *

Outside of our own ranks the agitation of the study of Therapeutics is increasing. Wherever the direct method is presented to a body of physicians, who have previously paid no attention to it, it is received with enthusiasm and deep interest, and the individuals who receive it, begin at once, if not previously interested, in developing a knowledge of the methods.

Those of us who have long studied the methods, are not floundering around in the flood that envelops the physician, but with a clear knowledge of every branch and phase of the subject, we are enabled to see clearly from the beginning to the end. While the novice may be excited and astonished, the familiar student is

clear, cool-headed, deliberate and above all, confident, even positive.

* * *

So general now is the inquiry into these methods, and so universal is their investigation soon to become, that it becomes necessary for every individual, not only to exercise due diligence in these lines of observation and study, but to exercise *extreme caution*, that no errors shall creep in. Every statement that we make in the future, every statement that we have put on record in the past, will be interrogated, every declaration will be investigated, and every erroneous observation or statement can be used as a lever against us, and these statements will react against a general acceptance of our truths, and will retard our development and progress.

It behooves us, then, to get out of the ruts, to take on a new energy, and to do close, careful, practical, individual work as never before. We must prove or disprove our own statements, and in this work it is more than likely that each of us will add something to the statement made, or will be able to clear up some statement that is in doubt.

THE HEART IN CHILDHOOD

The heart of the child is an exceedingly sensitive organ. It is influenced either functionally or organically, by many acute conditions of childhood. The sensitive character of the nervous system exercises its influence directly upon this organ in some cases. Congestions react upon it, and acute inflammatory disease attacks it by metastasis from other organs or parts, notably rheumatic or neuralgic affections.

Dyscrasias directly affect it, and it is quickly weakened by depressing constitutional influences of whatever character. It is especially affected by sympathetic reflex irritations and overwork; poor food, cold, abuse and such influences spend their force upon it.

I shall not enlarge at this time upon the character of the heart conditions so occurring. I wish to specify some general rules for the care of the little ones and for their treatment. In the first place, without the least exposure to cold, the skin should have a frequent warm sponge bath and it should then be kept very warm. Soft woolen underclothes, tight or close fitting and frequently changed, are very necessary. Of course, care should be had that the clothes be adjusted to the conditions of temperature, and overheating in summer should be avoided.

The digestion of the child should receive careful attention and its food should be given in the best possible form for appropriation. It should be given in small quantities, not too far apart and of the best character. Milk foods are the best that can be given if they are kindly received and properly digested. Farinaeous articles are advisable if they do not cause irritation of the bowels and stomach. A salted cracker with milk is kindly received by any stomach.

As for meat diet it is best avoided except in the most easily digested forms. There is not a wide selection for the little ones. Cured meats of all kinds are not well taken. A tender broiled beef steak is the most generally applicable, with eggs.

The red corpuscles of the blood should be present in normal quantity, and simple iron tonics sometimes accomplish more in treatment than all other remedies. The tincture of the chloride, with or without phosphoric acid, acts finely where there have been malarial influences acting as the cause of the trouble.

Children receive heart tonic very well indeed if given in small doses and frequently repeated. Cactus has no superior I think in the treatment of heart trouble, where there is no over-stimulation or excess of force or power. Valvular troubles, irregularity, weakness of all kinds are influenced by this agent. It acts

nicely upon the nerve centers and the stomach and may be given in conjunction with stomachics and nerve tonics and stimulants. Digitalis is an efficacious remedy with children, and they take it proportionately better than adults. It is indicated in extreme feebleness. Where there is weakness of the heart action with coldness of the skin and extremities, with a constant tendency toward congestion or blood stasis, there is no agent to compare with belladonna in small frequent doses. It revives the failing powers, stimulates the capillary circulation, increases nerve force, and if coupled with cactus will increase permanently the muscular power of the heart and overcome a tendency to dilation.

The child should not be overdosed with any remedy, and as most of the heart tonics act kindly with children, other agents can be made to take the place of those named, if so desired. Strophanthus, caffeine, strychnine and convallaria all have their place, as well as apocynum, gelsemium, cimicifuga and hydrastis, all subject to the selective power and skill of the physician.

THE DETERMINATION OF SEX

The question as to what determines the sex will probably always be undecided, and yet it is an exceedingly interesting one to study, though one which with our present knowledge, is hardly capable of actual determination.

I have been reading, lately, an able English author who wrote in 1838 on this subject and on the properties, physical and intellectual, bestowed by the parent to the offspring. He says: "Among the Greeks, Empedocles, Epicurus and various other physiologists endeavored to show that parents respectively contribute reproductive fluids, which co-operate in generation and stamp the foetus male or female; as either is more copious. He further says, that man at full age has the greatest power of reproduction, and

stamps his sex on his offspring; but in youth and in old age he is undeveloped or exhausted, and the female impresses the sex, and more girls are born." He uses as an argument the fact that in polygamous nations more female than male children are born. He states that the common belief is that if the male is the more vigorous, the more males are produced, and that experiments then making in France on sheep "show that the sex depends in some measure on the comparative vigor of the parents." Vice versa, he says, if the reproductive powers of one parent are scanty, the opposite sex is produced. (The sex is thus produced by the strongest.)

These confirm the opinion of the more intelligent writers of the present day, whose belief is embodied in the clearer statement that "that parent which is at the moment of conception possessed of the greatest amount of sexual health, or actual reproductive strength, will at that moment impress his or her sex upon the offspring." My observation for twenty years have confirmed my belief in this statement, and I find that other theories actually depend upon this fact for their confirmation.

EUPHRASIA

I should like to have further experiences from our readers in the use of euphrasia. It is specific for certain acute disorders of the mucous membrane of the nasal passages. Homeopaths lay great stress upon it. I have used it considerably and have obtained excellent results, but would like to have the reports of others. It is useful in snuffles, and acute cold in the head in babies and small children. It works equally well when indicated with adults. Where there is watery discharge from these membranes, where there is earache, or headache and especially if the distress be across the eyes, in acute catarrhal affection, it has a direct influence upon the

lachrymal apparatus, and in cough and hoarseness, when there is a thin bronchial discharge.

It is especially applicable to the catarrhal manifestations following measles. It will prevent other sequelæ of measles, as catarrhal conjunctivitis, catarrhal deafness and chronic nasal catarrh. It is indicated where there is abundant secretion of thin, acid mucus, from the eyes and nose, with pain and heat in the frontal sinuses.

It is claimed also that it has cured chronic catarrh of the intestinal tract. A writer reports a chronic case of catarrh, in which the patient for many months had seemed to be persistently renewing an acute cold in the head. There was persistent sneezing, a constant inclination to blow the nose, and a profuse watery secretion, which, when lying down, continually ran from the posterior nares. Five drops of specific euphrasia every two hours cured this patient within a couple of weeks. In children the smaller dose is preferable, and a dose of ten drops will cure most of the acute cases. But some of the chronic cases will not be benefited until they are given large, full doses.

It is claimed that anomopsis California works in much the same lines that this does. It would be well, I think to study the two together.

EPILOBIUM IN CHRONIC ECZEMA

One of our physicians, since dead, claimed with much positiveness that epilobium exercised a specific influence upon some cases of chronic eczema and diseases of the skin of a kindred character. He often prescribed in conjunction with juglans cinerea for the general alterative influence of the latter remedy. He claimed that it acted especially on those inveterate cases that were at first papular and finally become squamous.

Goss in his time advised this remedy for quite a long list of severe skin disor-

ders and claimed excellent results. Epilobium should be given internally in from fifteen to sixty minim doses. In the very bad cases an infusion of the herb should be made quite strong and the parts bathed in this twice a day.

CHIONANTHUS

In quite a number of cases I have advised chionanthus in the treatment of diabetes mellitus as suggested by Dr. A. P. Hauss of New Albany, Ind., in some of the cases the results have been all that could have been wished. He claimed that through the influence of this remedy on the liver the condition of the nervous system was improved. I am inclined to think that the remedy acts on the pancreatic gland as it does on the liver. It can be given in 15-drop doses from four to six times a day.

THE PREVENTION AND CURE OF BILIARY LITHIASIS

It is advised to those who are afflicted with biliary lithiasis that they persist in the use of olive-oil over an extended period. It is more important that this remedy be taken before any attack of colic occurs, than that it should be taken only for the relief of the pain. In the former case it is preventive, in the latter it is only sedative.

There is a well substantiated theory that oleic acid, the active principle of this oil, is a reliable and specific preventive of the *formation* of these calculi. The effect of this acid when given as such has been uniformly good. It is given in capsules of eight minims each, twice a day, taken over a period of from one to three weeks. If this effect can be obtained from the use of olive oil it is indeed important that the oil should be given with the early symptoms of lithiasis.

Concerning these early symptoms an article by Moynihan is quoted by the Therapeutic Gazette. The author claims

that by experience in the surgical treatment of these cases we have come by degrees to recognize that the early symptoms, the inaugural symptoms of cholelithiasis are sufficiently definite to allow a confident diagnosis in a great many cases. These symptoms are referred, by all patients, not to the liver or gall-bladder, but to the stomach. The comprehensive term "indigestion" is used by all patients to describe their sufferings. "Indigestion" means, to them, a pain, or discomfort, or uneasiness after taking food.

The pain is not acute, but is rather a sense of fullness, flatulence, oppression, or distention in the epigastrium. This feeling comes usually half an hour to three-quarters of an hour after food. It is excited constantly by certain kinds of food; apples are frequently culpable, and cheese also. Coffee, or tea, or certain flavorings in puddings, or in "made-dishes," are known to produce an attack of this kind.

The sensation of distress is relieved by belching, and especially by vomiting; it may at times increase so much in severity as to be described as an acute pain. The center of the pain is always in the epigastrium, although it may radiate to one side, or to the other. If it should be felt severely on the right side, symmetrical pain located on the left side, is seldom if ever experienced. In the severer attacks the pain goes through to the shoulders, particularly to right shoulder.

In such attacks there may be a "catch in the breath;" the patient says that it is impossible for a deep breath to be taken for as the chest fills a sudden stabbing pain is felt which cuts short the inspiratory effort. This spasm of the diaphragm is very characteristic of gall-bladder diseases, and often distinguishes them from gastric or duodenal conditions, with which they are apt to be confounded.

If close inquiry is made, the patients will often tell of an occasional shiver which is felt when the pain is severe, and is prone to come in the evening. The shiver, or chilliness, is never severe, never approaches a rigor in severity; it is rather a feeling of cold, a "goose-flesh" sensation, which lasts but a few minutes. At the same time the patient commonly experiences a sensation of weight and fullness in the head, of drowsiness, or of a dull, heavy headache.

Attacks of migraine are sometimes noticed, especially when the patient is fatigued. Mental concentration, indeed work of any kind, then becomes burdensome. These are the "inaugural symptoms." If they persist or recur, in the characteristic form here described, there need be little hesitation in affirming the presence of stones in the gall-bladder.

In this description there is no mention of the cardinal signs or symptoms of cholelithiasis, with which the text-books have made us familiar. We are, therefore in a position to understand how it is that the venerable fallacy, which states that gall-stones often exist in the bladder without giving rise to symptoms so confidently asserted and so readily accepted.

These symptoms not infrequently observed may not be accompanied by the formation of biliary calculi. There may be present a chronic gastritis with extreme acidity, or there may be incipient gastric ulcer, in either case olive oil is a remedy of much efficacy, and if given freely will be of benefit to each and all of the conditions.

A French writer claims that it will prevent the formation of these stones, that if given during an attack of colic it will relieve the attack, and will prevent the return of a paroxysm, that the stones are not formed after the remedy is begun, that it is thus both curative and preventive, but that while these results are claimed from olive oil, that they are also even more surely obtained by giv-

ing from eight to fifteen grains of oleic acid in a capsule each morning for ten days or two weeks of each month.

SODIUM PHOSPHATE

I believe the phosphate of sodium to be one of our best liver remedies. It has had but little attention from medical writers. It is a mild cathartic but sure and satisfactory. It has a wide field of action. The indication for the phosphate of soda in the disorders of infancy wherein the agent is specific is as follows: White, pasty stools, often hard, sometimes spongy, so light in weight that they will generally float on water. This indication is present in disorders of the liver, especially when there is a deficiency of the biliary secretion.

The group of symptoms which this remedy will invariably cure are the following: There is first inanition, paleness of the mucous membranes, and almost complete loss of appetite. The child cries if laid upon its back, does not like to be moved, cries whenever moved because of soreness of the muscles, is dull, inclined to sleep most of the time, always irritable, is often restless during the night, not sleeping long at a time. The temperature is sometimes less than normal, but often there is a variable temperature, sometimes there is a remittent fever with morning and evening exacerbations; sometimes there is an intermitteht fever.

In all cases there is an exhaustion of the red blood corpuscles, and gradual, sometimes rapid, emaciation; there is an excess of phosphates in the urine because of the fact that the phosphates of the system, which should supply the nutrition of the osseous structures, are not performing that function, but are being excreted as a waste product.

The symptoms above described suggest very many remedies, or combination of remedies, but I have often dispensed with every other remedy, how-

ever strongly suggested, and depending, upon the phosphate of soda alone have seen my little patients improve almost from the first dose. These symptoms are the precursors of disease of the bones, caries necrosis, rachitis, in fact, the above description accurately describes the earlier symptoms of rickets, which may be often prevented by the earlier and persistent use of this remedy.

SPECIFIC INDICATIONS FOR COMMON REMEDIES

Quinine.—This remedy is a positive specific, only when given specifically. It is indicated in every form of periodicity, but must be given only when the temperature is declining or near the normal point; when the skin is soft; the tongue moist and inclined to clean; the pulse is full if in fevers, abating in frequency and soft. Always when there is a tendency to restoration of the secretions.

It is never to be given during chill with rising temperature, or during high temperature; or when the secretions are locked up and especially when there is irritation of the central nervous system with these conditions. It should be given in the intermission between chills in doses of from two to five grains to full effect. In the remission of fevers from one and one-half to two and one-half grains every two hours stopped immediately when there is increasing temperature or signs of nervous irritation. A most reliable remedy if correctly administered.

The Bromides.—These are dependable nerve sedatives if correctly administered, indicated in nervous excitement; exalted nerve action from temporarily increased nerve force; fullness of the capillary circulation with marked determination of blood to the nerve centers: spasms, convulsions, hysteria and other nervous paroxysms from nerve irritation.

Indicated also where there is irritation of the sexual organs or strong excitement of these organs, especially if nocturnal emissions are present. Contra-indicated in extreme relaxation, prostration or deficient capillary circulation, or where there is flaccidity of the general muscular structure. For specific application of the different separate bromides, see "Salts of the Earths."

Potassium Iodide.—This is indicated in disorders of the blood with feebleness—chronic disease of the glandular organs. It is specifically indicated when the tongue is full, thick and large, of a dull leaden color indented by the teeth. Contra-indicated in gastric irritation, or when there is a thin red tongue, or red and pointed.

Iodine is specific for external use over glands sore, enlarged, indurated, hard, especially if slowly increasing in size. The iodide is antisyphilitic when given with these exact indications.

Turpentine.—Positively specific when carefully adjusted to exact conditions, especially restoring normal conditions of the mucous membrane:

First: Given in protracted fevers where there is suppression of the secretions with dark mucous membranes dry and red; tongue thin-pointed, dark red, dark brown or black coat, very dry, perhaps fissured, or dark red and glazed. Tympanites with occasional little colicky pains, gastric and intestinal secretions inactive. Give 5 drops in emulsion.

Second: Given in relaxed and enfeebled atonic conditions of the mucous membranes where there is excessive outpour of mucus from any cause. The mucus may be very thick and heavy or very thin, watery and exceedingly copious.

Third: Where there is a steady, dull, grinding pain, or distress across the abdomen with a sensation of hardness of the walls and other abdominal structures with constipation and general inactivity

of the entire glandular structure of the gastro-intestinal tract. A condition similar to that of lead poisoning.

Fourth: In persistent, dry hacking cough with or without chronic, bronchial or pulmonary irritation: five drops on loaf sugar slowly dissolved on the tongue every two hours for this condition, and in persistent winter coughs of the above character, and to prevent pneumonia in those susceptible.

Gelsemium.—A specific, reliable nerve sedative indicated when fever is present with nervous irritability, shown by extreme restlessness, wakefulness, perhaps headache from fullness, bright eyes with contracted pupils, skin hot and dry, pulse sharp and rapid but not necessarily hard.

Specific to acute pain in nerve cords—neuralgia—also in spasmodic condition, spasmodic stricture and the spasm of dysenteric tenesmus. The dose is from one to twenty drops pushed in extreme cases for full physiological effect. Specific for convulsions, either mild or severe, by proper adaptation of the dose. A full dose at the onset will abort a cold most satisfactorily. A most reliable remedy in acute inflammation of the kidneys or of the bladder and in acute gonorrhea.

Aconite.—A powerful sedative to the circulation, indicated when the pulse is small, hard, quick and sharp. The skin dry and hot, the secretion suddenly suppressed; the temperature rising, chilliness up and down the spinal column, a shivering when the bed coverings are removed, or from a slight draft.

It is an active remedy in local inflammatory disorders to reduce the temperature. It works actively with belladonna in equalizing the circulation; with *ma-crotys* in overcoming muscular irritation, muscular aching and diffused muscular soreness; with *phytolacca* when there is developing local inflammation of any glandular structure and especially if of the throat; with *bryonia* if bronchitis or

pneumonia are developing, or if there is inflammation of the serous, or synovial membranes.

It is demanded in full doses at the onset of sthenic fevers; in minute doses in protracted asthenic fevers.

Phytolacca.—This agent specific in its action upon glandular structures, acting positively in acute inflammations of the mammary, testicular or ovarian glands, also upon the tonsils, salivary glands, and especially upon the lymphatic glands. No remedy is more reliable in such acute inflammations. It is specific in inflammation and ulceration of the glands of the throat and of the mucous membranes of the mouth and the stomach, especially when there is tendency to death of the epithelium. It is indicated when with fever the glands are enlarged, tender, painful, and perhaps red externally. It is a most reliable remedy in inflammation of the breasts, also of the testicles and in acute tonsillitis.

It exercises a powerful alterative influence in protracted dyscrasias and in chronic conditions of this character.

Veratrum.—This is indicated at the onset of sthenic fevers with pulse full, frequent, large and bounding, the tissue full and engorged, not shrunken; fullness of the capillary circulation; skin red or dark red from capillary fullness; usually the face is flushed, but of a full, dull, dark hue, but soft and moist, covered with warm perspiration. It removes arterial pressure, removes venous obstruction, promotes the rapid dissipation of heat, relieves nerve irritation and tension, and produces general sedation.

It is most reliable in pneumonia with these indications which do not so often appear in inflammation of any of the other organs.

It is the most dependable remedy known for spasm—convulsions—especially puerperal convulsions, when it is given hypodermically in from five to fifteen minim doses, sufficient to keep the pulse down

to seventy beats per minute or just below.

It is a most active and reliable alterative in chronic dyscrasias of any kind, especially in syphilis.

Belladonna.—Sluggish capillary circulation, especially of the brain, chilliness, cold skin, and cold extremities. Mental dullness, with tendency to sleep, or in extreme cases to coma; eyes dull, partly opened when asleep, pupils dilated, and insensitive to light.

This agent positively antagonizes local congestion, and is invariable in its influence. It acts in perfect harmony with aconite in the primary congestion of acute developing local inflammations. Given with confidence will equalize the circulation, unload the congestion and abort the inflammation in many cases.

It is thus indicated in acute bronchitis, pneumonia, pleurisy, peritonitis, tonsillitis, meningitis and in chronic cases where there is deep soreness with persistent cool skin, or cool extremities. A specific remedy in scarlet fever, average dose one drop of the tincture every hour.

THE TREATMENT OF GONORRHEA

A long experience has taught me a method of treatment for gonorrhea which is at once uniformly simple and successful, and always satisfactory to the patient. I learned by accident in 1877 the soothing influence of gelsemium and macrotys on the nerves of the urethra, and observed in one marked case their beneficial effects in abating the inflammation of acute gonorrhea. From this suggestion, I little by little, determined the superior advantages of the course which is here advised.

If consulted at the onset of the acute symptoms, before there is much discharge, I treat the fever and other symptoms strictly according to the indications. I usually prescribe aconite for the fever with gelsemium for its influence on the urethral nerves, as it antici-

pates the local inflammation by preventing nerve irritation, an active local influx of blood—local engorgement—and the consequent inflammatory phenomena.

This simple treatment sometimes aborts the active symptoms, determines a short course for the disease, a very mild inflammation, and a quick and satisfactory recovery.

As soon as an active discharge appears, thorough irrigation of the urethra is advised. I usually use a very mild solution of permanganate of potassium at the temperature of the body, or a little above. I use a small rubber catheter, with the male patient, attached to the rubber tube of an ordinary fountain syringe. Immediately after urinating, the catheter, with the antiseptic fluid flowing through it, is inserted into the meatus and slowly introduced farther and farther into the urethra—the prostatic urethra—the flow is allowed to continue for four or five minutes. This thorough irrigation may be necessary three times during each of the first and second days, especially if there is a very free discharge. It must be conducted with much care in order that there be no infection of the patient beyond the point of primary infection. Once in each twenty-four hours will be sufficient after the third day.

If the local symptoms increase at the first, I add macrotys and hydrangea to the original prescription in full doses. My formula is about as follows.

R

Specific gelsemium drops 40
Tincture of aconite drops 20
Specific macrotys drams 2
Specific hydrangea drams 5
Aqua cinnamon, q. s. . .ounces 4

M. Sig.—Teaspoonful every two hours.

If there is sharp, high fever, the doses are given every hour for a few hours. When the temperature is reduced to normal, the aconite is omitted.

The diet is restricted to the simplest food without condiments, and a mild laxative is given, if the bowels are to any degree constipated.

This simple course almost invariably abates the total active phenomena within a few days.

If the discharge is at all severe after that time, I sometimes use once, or in persistent cases twice a day for two or three days only an injection of the following:

R

Hydrastine hydrochlorate.gr. 1
Zinc sulphate gr. 6
Morphine sulphate grs. 4
Aqua rosa ounce 1
Mix.

This is used in a small urethral syringe from ten to twenty drops in two drams of warm water thrown into the urethra several times at each injection.

This may be followed by the irrigating fluid. Or the injection may be used at night and the irrigation in the morning.

For chordee I use greatly increased doses of gelsemium, with an occasional full dose of from fifteen to twenty grains of the bromide of sodium. I advise that the organs be immersed in cold water at bed-time.

At the expiration of six or eight days, the treatment must be readjusted to the conditions. At this time I sometimes give kava kava and hydrangea in fuller doses and omit the cimicifuga. If the discharge is very thick and inclined to purulency, I give thuja in five-drop doses and fifteen drops of echinacea every three hours for three or four days. If the urine is very free and acrid with an ammoniacal smell I give benzoic acid five grains and borate of sodium seven grains in half an ounce of water every two or three hours until this condition is changed. I find *chimaphila umbellata* and thuja excellent in combination if

there is much pain and tenesmus on urinating.

When the active discharge is gone for two or three weeks and only an occasional drop can be squeezed from the urethra, I give from one to three drops of staphisagria every three hours for several days, and use an irrigating fluid every day or two composed of a one to ten thousand or a one to 16,000 solution of mercuric bichloride thrown into the bladder after urinating and then passed as urine is passed. This treatment has been so eminently successful with me that I have not looked farther for remedial agents.

In treating the discharge in women, it is advisable, at first to thoroughly douche the vagina with hot water. Then, the patient lying on the back with the knees flexed and hips elevated a little, a stronger hot solution of permanganate of potassium is introduced into the vagina until the vagina is filled. This is allowed to remain a few minutes until when it is allowed to escape into a bed pan or a proper receptacle, and hot water introduced to remove the precipitated products of the decomposed salt, which adhere to the lining membrane of the vagina if not washed away. The permanganate solution is again introduced in the same manner as before, and this course is repeated until the solution comes away unchanged.

This thorough treatment is conducted by the physician himself every second day, and is not left to the patient. She is advised to use a thorough antiseptic douche twice a day in the interim.

CONCERNING FRACTURES

1. Unless a fragment is threatening to break through the skin the fracture should never be reduced except by the physician, and then only when apparatus is at hand to keep the parts in permanent apposition.

2. Men carrying an injured person should not keep step, as the jar to the wounded part is much greater.

3. Strychnine for shock, morphine for pain, but no alcohol.

4. Always give anæsthetics for reduction of a simple fracture. It is better and easier to reduce and set compound fractures without anæsthesia.

5. It is very rarely necessary to make a patient go through the double agony of temporary and permanent setting of the broken bones.

6. In simple fracture gentle rubbing of the ends will assist in getting rid of shreds of tissue which invariably are caught there.

7. Nowadays a surgeon will rarely be satisfied that a bone is properly set until verified by the X-rays.

8. Plaster splints, preferably plaster-of-Paris, are surely the best apparatus when they can be applied.

9. Ambulant treatment is coming more into vogue. No simple fractures require constant confinement to bed, except of the innominata and upper third of the femur.

APOCYNUM

Apocynum.—This remedy acts positively whenever dropsical effusions exist with puffiness or flabbiness of the tissues; puffiness under the eyes, with inactivity, lethargy, or where there is difficult breathing, all accompanied with weak heart. The remedy is eminently a dropsy remedy, but will not act so well where there is muscular rigidity or increased tonicity, or where with extreme distention of the tissues the surfaces are white and shiny. Small doses frequently repeated are demanded in some cases. In others from five to twenty drops in water every two or three hours. This produces active bowel movement which must govern the administration of the remedy in large doses.

Gleanings

SPECIFIC MEDICATION

Do not become frightened at the term
M. SHADID, M. D., KIMMSWICK, MISSOURI.
"specific." I am a "Regular" physician,
a graduate of a Regular school of medicine.
I have not a specific for any disease.

Specific medication teaches that there are no specifics for the diseases arranged according to the much-practiced nosology. It teaches, however, that there are remedies which antagonize disease-processes or expressions, morbid deviations from the physiological behavior of bodily functions, thus overcoming a pathologic condition with a disease-name.

To illustrate. The other night I was hurriedly called to join a priest who was called out to see a fourteen-year-old girl die. At my arrival I found the patient tossing from side to side and trying to get more air into the lungs. The face was pale, the breathing stridulous and spasmodic, the heart irregular and the patient in a semistupor. I administered 1-20 grain of apomorphine hypodermically. This was followed by vomiting and immediate relief of the dangerous symptoms. I cull this quotation from my last year's record.

Did I treat diphtheria, true croup or false croup. I did not treat any of them. I treated a condition, *not a disease-name*. Indeed unto this day I am not so sure of the label I'd tack on to that disease. But even if I had then been able to name the disease, could I have done better for my patient? I did not treat the disease *per se*, for that would be like casting the devil out. I treated a wrong of respiration, there was obstruction to the passage of air into the lungs due either to a membrane or to a spasm of the muscles, or both. In any case, a strong emetic was the indicated remedy, and this I adminis-

tered. Other treatment was instituted, resulting in ultimate recovery.

The Specific Medicationist administers his remedies to combat *certain definite pathological conditions* irrespective of any disease-name. He associates each of his remedies with a certain symptom or symptom-complex and indication of a specific or exact pathologic condition, which he combats. In relieving a symptom or symptom-complex he cures a certain pathologic condition of which a symptom is only an expression, and in curing one pathological condition he often relieves others dependent upon it; and, at any rate, he is always better able to relieve the remaining morbid conditions, thus ultimately effecting a cure.

Last summer I was called in consultation to see an infant in his second-summer suffering with acute ileocolitis. The patient was comatose; the eyes dull and half open, pupils *dilated*; the face was pale, extremities and face cold, pulse rapid and thready; the respiration slow and shallow, and the mouth very dry. It was altogether—except for dilation of pupils—the nicest textbook picture of opium poisoning I ever read. Indeed the patient was at death's door, for I could see, by the color of the face, the blood gravitating to the side next to the pillow. The little angel—for such it was—was suffering with acute ileocolitis and for which his physician was punishing him with opium at both ends of his alimentary canal, without success.

We stopped the opium, placed hot-water bottles around the patient and gave 1-2500 grain of atropine every five minutes till the skin became red, after which the scene changed for the better. His physician came to see him in my absence and learning of the improvement following my small doses of atropine increased the dose to a 1-1000 grain; with what success I do not know.

The patient ultimately recovered. He was not at once up and well. I did not

give him a specific for his ileocolitis or opium poisoning *per se*. I did not cast the devil out of him, but I gave him a specific for his *sluggish capillary circulation* which was responsible for and indicated by dull, half-opened eyes with dilated pupils, cool and relaxed skin and cold extremities. These latter symptoms, which indicate sluggish capillary circulation, make a picture which in the mind of every specific medicationist is closely associated with belladonna. Why? Look up the physiological action of belladonna in your "Materia Medica." It antagonizes congestion in small doses, and produces congestion in larger ones—which leads us to homeopathy; but this is foreign to the subject in hand.

By specific medication I do not mean homeopathy, but the Eclectic treatment of disease. Pooh, pooh, as you may, the insignificant fact remains staring you in the face that given the above symptoms proclaiming capillary stasis in which belladonna alone is curative, 99 per cent of the Eclectics (or more) would give this same remedy, while 99 per cent (or more) of your so-called regulars *would not have given it*.

Another significant but damning fact—for it is a matter of life and death—is that only a Regular can be guilty, under the circumstances, of doping this little one with opium, utterly disregarding nature's signal of distress and approaching dissolution.

Why only a Regular? Because of the practitioners of the different schools of medicine *he is the least familiar* with drug-action. I am a graduate of the best Regular school of medicine west of the Mississippi river and I speak from painful experience. But let us render unto Cæsar that which is Cæsar's. Let us doff our hats to the Eclectic whom, in our littleness, we sneeringly, and by inference, term irregular.

Although I say I did not give the patient a specific for his disease, I cured

him nevertheless—yes, I snatched him from death's door; for by "equalizing the circulation" I aided in "feeding the tissues," "stimulating innervation," "eliminating waste," etc. (as Brother Abbott puts it), thus giving nature a chance (which she would never have had under the purely Regular) to repair the injury and overcome the disease, and which she did in due time, to the everlasting joy and happiness of the father and mother below who were downcast and weeping and also, I believe, to that of the Angel above.

Each symptom or symptom-complex suggests to an Eclectic a given remedy irrespective of the disease. From this however it must not be inferred that the disease as an entity (if it can be so called) carries no weight in the treatment; for sometimes, or rather very often, the grouping of the symptoms under one disease-name suggests a class of remedies likely to be used, or indicated.

For instance, I was called last June to attend a thirteen-year-old boy bitten by a copperhead on the dorsum of his right hand. The boy was seemingly collapsing, the hand was greatly swollen to the wrist and the skin very hot and smooth; the temperature was 97.5° F., pulse 84 but weak, extremities cold, the face pale and perspiring, eyes dull, and there was emesis. Among other things I administered strychnine sulphate hypodermically, gave milk and whisky, placed hot-water bottles around the patient and a tourniquet below the elbow. Immediately after administering strychnine I made a cruciform incision along and between the snake's fangs, applied pure specific medicine, echinacea, locally on cotton and gave the same by mouth.

Why did I give Echinacea? Because some "irregular" "gives the history of 613 cases of rattlesnake-bite in men and animals, all thus successfully treated. With the courage of his convictions upon him he injected the venom of the crotalus into the first finger of his left hand; the

swelling was rapid and in six hours was up to the elbow. At this time he took a dose of the remedy, bathed the parts thoroughly and lay down to pleasant dreams. On awakening in four hours the pain and swelling were gone." (Ellingwood's "Materia Medica.")

I admit, I did not see any special indication for echinacea, but the disease-name "snake-bite" with its attendant blood poisoning suggests echinacea; for echinacea is a remedy for blood poisoning. On the same theory I treated eight cases of typhoid fever last summer, using echinacea from first to last for its systemic effect together with the sulphocarbates with of course a saline laxative as needed. All the patients recovered in from two to six weeks. And throughout the period of sickness there were never at any time any alarming symptoms of any kind. Indeed they got on so nicely as to make some of the patients' friends doubt my diagnosis. I will state, however, that I used sodium bicarbonate with one patient and baptisin with another, as I saw the indications for them.

One advantage of specific medication is that *it makes one a better doctor*, because it makes him a better observer of the signs and symptoms of disease and gives him a better understanding of the pathological conditions of which these signs and symptoms are the outward manifestations, and when one learns the physiological action of a remedy he will naturally learn to associate that remedy with certain pathologic conditions.

This most surely is no small advantage, for it is much easier and more rational to associate a remedy (bearing in mind its physiological action) with a symptom or symptom-complex than to learn to memorize one or several formulas for each disease; for there is no classification of disease that is not a makeshift at-best.

Another example. Mr. M. came to me last summer complaining of diarrhea that had lasted for two weeks. He was weak

and exhausted; temperature below normal; circulation embarrassed; a little tympanites. I made no diagnosis. There was a certain beefy redness of the tongue that the Eclectic associates with an acid; and this I gave, directing him to place so much of the medicament in so much water and to drink the same *ad libitum*. On the evening of the same day the patient returned and stated that the diarrhea had ceased and he was feeling as well as ever. Hydrochloric acid was given, and no other medicine. The redness of the tongue, so say the specific medicationists, is a symptom denoting hyperalkalinity of the body-fluids which is easily corrected by an acid.

Another one of the many advantages of direct medication is that it enables one to treat his patient before he is really able to call the disease by name, sometimes aborting the coming storm; and failing this, so to influence the course of the disease as almost to insure a favorable outcome. I have many times jugulated pneumonia in the stage of congestion, as I already have shown in the article printed in the June issue of this journal.

Do I see you grin? Better not! That is a poor argument and *often a sign of obsequiousness and mediocrity*. Rather get out of the old rut; cease crooking the knee to textbook writers and self-appointed "authority." *Do a little thinking*. Away with medical orthodoxy. Don't be a slave. Be a *real* doctor.—*American Journal of Clinical Medicine*.

COMMENT.—The above clearheaded statement by an unprejudiced physician should be a tremendous eye-opener, not only to the Regular physician who still refuses to acknowledge that the Eclectics have ever done any important work, but more especially to a few Eclectics have had a great deal to say lately, in favor of throwing up our methods and going over to those of the old school root and branch. I am not shedding any tears at their departure, but it looks odd. After eighty years of effort to establish an *exact system of medicine*, that is now in its general principles almost universally recognized as being as nearly correct as any method known, and at a time when those of us who have been anxious that

the entire profession should have the benefit of the work that we have done, to have our own members fail to see the superior character of the work we have accomplished, looks like "heathen blindness". I am proud to say that there are hundreds, yes thousands of graduated Regular physicians who believe exactly as Dr. Shadid does, and who are using our methods as successfully as he is in practice. The day is not far distant when this systematic and rational method of practice will have general adoption.

THE SKIN

LYMAN WATKINS, M. D., BLANCHESTER, O.

The skin is the largest organ in the body, and has a number of important functions, although the popular opinion appears to be that it is mostly a sweat-producing apparatus. That the skin, through its sebaceous and sudoriparous glands, does eliminate largely is very true, and it is also very well known that the suppression of skin excretion leads to auto-intoxication and death, yet transudation is but one of the many important functions of the skin.

The skin is the great heat regulator of the body. The peculiar arrangement of the cutaneous blood supply, controlled by the vasomotor nervous system, regulates the amount of heat to be retained or to be allowed to escape with the exactness and precision that an engineer controls the speed of his engine. In normal conditions the capillaries are contracted or expanded to adapt the body to surrounding atmospheric states, so that external cold causes the retention, and external warmth the escape of heat.

The body gives off heat to the surrounding air, and to cold objects coming in contact with it, by conduction, radiation and evaporation. About 80 per cent of heat loss is by way of the skin, varying according to the needs of the body and in pathological conditions. No other organ, so important to the welfare of the body, is more readily influenced by medication than the skin, yet it is

often overlooked or disregarded for others more intricate and less accessible.

The skin is also the seat of many arboreal nerve endings and special terminations. The sense of touch is almost entirely confined to the skin, and here reaches a high development. The tactile corpuscles of Meisner and the end-bulbs of Krausi, Vater and Pacini are displayed in the rete, and confer upon the body an insistent notice of touch, pressure, pain, heat, cold and all varieties of afferent sense. This function of the skin places us in intelligent relation with external bodies and conditions, and can hardly be of secondary importance when compared with elimination and heat regulation.

Cutaneous absorption is of considerable importance, not that water is taken up by the skin in appreciable quantities, for the epithelial cells overlap like shingles on a roof and water cannot penetrate, but other substances may be forced under.

Skin medication is divided into epidermic, endermic and hypodermic. The epidermic method consists in the application of remedies to the surface of the body; alcohol, ether, chloroform and such chemicals as destroy the layer of sebum with which the body is always covered are absorbed to some extent. Inunctions containing quinine, mercury, kali iod., pilocarpine, nicotine and some other drugs, when applied with vigorous rubbing are taken up by the skin capillaries and carried into the circulation. Enough quinine may, in this way, be introduced into the body to subdue malaria, especially in children, and sufficient mercury to check the ravages of syphilis.

Endermic treatment consists in removing the superficial layer of the epidermis by the application of a vesicant and then applying the remedy to the raw surface thus obtained. Absorption is rapid, and a large number of medicines can thus be introduced into the body.

This form of treatment was popular years ago, but more pleasant and less troublesome methods have supplanted it.

The principal form of skin medication in vogue at present is the hypodermic. This is the most direct method we have for placing our medicaments into the circulation, and this is the one measure in regard to which all schools of medicine are in accord. Hypodermic medication is direct, rapid and effective, and is usually resorted to in cases of emergency. On account of the slight unpleasantness attending the insertion of the needle, and also because of the skin irritation and abscess which sometimes occur, the method has never become popular for general medication.

—*Ec. Med. Jour.*

TO PROMOTE DIGESTION

One of the simplest and yet most efficient aids to digestion is the application of heat over the stomach after a meal. The influence of this is not only to promote digestion and relieve distress for the time being, but it induces a beneficial result which is more or less permanent. We have observed a markedly satisfactory result in many cases.

A Russian doctor has made definite experiments as to the effects of these applications, and has determined the following facts: The general result is to increase digestive activity. The total acidity and quantity of free hydrochloric acid is increased. The amount of combined chlorin is diminished. Fermentation is diminished, while the production of peptone is increased, as is also the digestive activity of the entire glandular structure of the organ.

FOR A PERFECT PREPARATION OF DIGITALIS

Prof. John Uri Lloyd is earnestly engaged, and has been for quite a long time, in manipulation of digitalis with the view of expurgating the noxious elements from what ought to be a highly beneficial

remedy. A line from Prof. Lloyd advises me that good progress is being made and that ultimate success will be obtained. It has been a cardinal tenet of Eclecticism that the primary effect of an agent is not the choice medicinal effect, *vide lobelia* in large doses and the resultant emesis.

The principal toxine which is present in many agents remedial in daily use, stands constantly in the way of medicinal elements in kindly secondary action, which secondary action gives or represents medicinal and remedial influences. The Allopathic test of virtue of digitalis is based upon the ability of the agent to kill dogs or guinea pigs, that is to say, will digitalis in increased dosage produce death through cardiac disturbance then it is a valuable therapeutic agent in heart disease? The Eclectic tenet rests upon the hoped for remedial influence of any element remaining after any or all death-dealing toxins have been eliminated.

It is a well known fact that Eclectics have not taken kindly to the use of digitalis—always almost, preferring cactus in heart troubles. In his *Therapeutics* and in his *Practice of Medicine* and in journal articles, Ellingwood rates cactus away above digitalis in all heart affections.

The undertaking was noteworthy and the labor is arduous, but when Prof. Lloyd is through with his eliminative processes and shall have made an end of constructive effort, the finished product will represent all of the virtues of digitalis and will contain none of its vileness. Then it will be time to adopt it into the family of proven drugs by virtue of its ability to cure disease as against any vicious ability. And a consummation of the above desideratum, it seems to the writer, will entitle its progenitor to the gratitude of the medical profession everywhere.—*W. L. Leister, M. D., in Am. Med. Jour.*

Books

A Manual of Therapeutics, referring especially to the products of the Pharmaceutical and Biological Laboratories of Parke, Davis & Co., Detroit, Michigan, 1909.

There are a great many things in this little book that are of immediate value to the physician for quick reference. In fact, it looks as if every idea that the doctor would want to refer to, is put in good shape, in this publication. Among these, are a practical comparison, full and definite, of the Metric system with the system in common use. There are facts regarding temperature and pulse; detition tables; doses proportioned to ages; important abnormal constituents of the urine; obstetrical calendar; a comparison of eruptive fevers; directions for modifying cow's milk for infants; percent comparison of various foods; percent of nutriment of these foods; notices on feeding; time required for digestion; diet tables; poisons and antidotes; drugs causing eruptions; incompatibles; translation of medical Latin; an important comparative classification of all drugs.

There then follows about sixty pages devoted to different diseases with the remedies which will most quickly correct those conditions, according to the old school methods. There then follows the Manual of Therapeutics in about 550 pages which includes a brief description with the general Therapeutic adaptation, of more than a thousand remedies.

While so large a number of medicines is unnecessary, every doctor wants some book at hand from which he can obtain a general idea of many remedies, which he does not use. This book is especially adapted to that purpose. There are no leading remedies of any of the schools that are omitted from this work.

FOR SALE—An established practice paying about \$3,000 per year, in the East End of Cleveland, Ohio. Sickness in the family demanding change of climate, reason for selling. For particulars, address A. G. Swartz, 2171 E. 100th St., Cleveland, Ohio.

Dr. Chas. Williamson of Washington, Kansas, has a valuable library for sale with complete files of several medical journals. He also has a fine stock of surgical instruments and some office furniture. He would like very much to sell his house, his office, and his business which is well established. He is retiring, because of age and physical infirmities.

ERRATA

Two errors crept into the August number of this Journal. On page 282 in Dr. Farnum's prescription for Goitre the quantity of Specific veratrum in the first formula should be two drams instead of two ounces.

On page 306, the statement which I took from the stenographer's report of the State Society meeting, says that Dr. Waugh has given viburnum for enlarged spleen. Dr. Waugh recommended berberine for enlarged spleen instead of viburnum. The former remedy is very active where there is relaxation of connective tissue, while the latter has no marked influence on such tissue.

By some mistake either in the editing, or in the composition, the article in the July number of the THERAPEUTIST on *Dioscorea Villosa* on page 248, was credited to Dr. Carl Mitchell of Benton Harbor, Mich. The paper was written by Dr. Chas. Rodecker of Holcombe, Wis. I regret this error greatly. Dr. Rodecker is among our younger writers, and he like Dr. Mitchell is going rapidly to the top. Both are careful investigators, and each must have full credit for the work he has done.

Ellingwood's Therapeutist

A MONTHLY JOURNAL OF DIRECT THERAPEUTICS

VOL. III

OCTOBER 15, 1909

No. 10

Leading Articles

PELVIC ABSCESS

A. H. CLARK, A. M., M. D., ELGIN, ILL.

My experience in the last few years in the treatment of pelvic abscess has been of more value to me than all my former knowledge of the subject.

Pathologists believe and teach, that most pelvis abscesses are from gonorrhoeal infection; the minority being from other causes. The gonococci enter the endometrium and set up a specific inflammation which extends to the fallopian tubes. In the course of a few weeks or months there are symptoms of general illness, with pain in the pelvis on both sides, and in the back, with fever and chills. The condition of ill health becomes more and more pronounced till the sufferer becomes bedridden; or, if able to be about the house, she shows evidence of serious illness. These symptoms indicate that an abscess is forming.

Abdominal palpation shows an enlargement, the size of an orange, or even the size of a child's head which may rise as high as the navel on the side affected.

Vaginal examination shows the uterus pressed down to one side. The vaginal vault is filled with the growth and there may be fluctuation. The uterus is more

or less fixed. Pressure on the tumor moves the uterus as if both were connected together.

In some cases the pus sac becomes attached by inflammation action, to the intestine, and eventually breaks and empties into the rectum, when two or three pints of pus may be discharged, with general improvement in the symptoms. In three or four months the sac refills, and again empties as before and again refills. In some cases a spontaneous cure follows the emptying of the sac. In other cases the sac becomes attached to the abdominal wall, through which it eventually opens, a cure resulting. In other cases a fecal fistula results. In these cases the abscess opens spontaneously and nature effects a cure. Rather, we should say, that these patients get symptomatically well—adhesions form so that no pus can be produced, the chills cease, and the patient can go about her usual occupations.

There are two ways to treat a pelvic abscess. An opening may be made into the sac through the abdominal wall; but this is not a safe practice except in those cases where the pus sac has be-

come attached to the abdominal wall, and we have good evidence of this from the inflammation area of integument over the tumor, which condition is somewhat rare.

A better plan is to open the abscess by way of the vagina. The preparation of the patient is the same as for vaginal hysterectomy, by clearing out the bowels with a cathartic as magnesium sulphate, and colonic flushing, and making the external parts aseptic, by washing and scrubbing with soap and water, and flushing the vagina with an antiseptic wash.

An anesthetic being administered, the hips are brought to the edge of the operating table, the legs held with leg-holders, or by assistants. The cervix being exposed, vulsellum forceps are used to bring it well down into the pelvis. With scissors slightly curved, an opening is made by cutting across the mucous membrane behind the cervix as in vaginal hysterectomy. An opening being made, the finger is used to separate the vaginal and the peritoneal membrane, till the abscess can be felt. At this stage blunt scissors may be used to enlarge the opening after it has been made in the sac or the opening may be enlarged with a common uterine dilator.

The abscess is washed out with sterilized water, or normal salt solution till the water runs away clear. The abscess cavity should be explored with the finger in order to discover and destroy any small abscess which may be formed, and to effectually clear out the cavity. Two or three strips of iodoform gauze are loosely packed into the abscess cavity so as to fill it with the ends projecting from the vagina to allow of easy removal. The packing must be so loose that the pus may easily flow out.

In twenty-four hours this packing is to be removed and put in fresh. If there is much pus, wash out the cavity as at first. With each packing wash or not

according to circumstances. Each day reduce the quantity of gauze so that the abscess may heal from the bottom.

In from one to three weeks the discharge will have ceased and the abscess will have healed and the patient be cured.

In cases of reasonable doubt as to the location of the abscess an exploratory abdominal incision may be made to locate it. In this way the diagnosis may be certain, and the operation does not hazard the life of the patient.

Let no pleasure tempt thee, no profit allure thee, no ambition corrupt thee, no persuasion move thee to do anything which thou knowest to be evil; so shalt thou always live jollily for a good conscience is a continual Christmas.—*Benjamin Franklin.*

GOITRE AND ITS TREATMENT

F. M. ANDRUS, M. D., LINCOLN, NEBRASKA.

SURGEON TO LINCOLN CENTRAL HOSPITAL.

The thyroid gland consists of two lobes, one on each side of the trachea, its upper edge on a level with the Thyroid cartilage covering it and its inferior cornu and part of its body.

These lobes are connected across the middle line by a middle lobe or the isthmus, and are covered by the ribbon muscle of the neck. It is highly vascular and varies in size in different individuals.

The gland is incased in a thin transparent layer of dense aerolar tissue, free from fat, containing elastic fibre. This capsule sends in strong fibrous Trabecula, which enclose the Thyroid vesicles, (or rounded oblong sacks) which contain a coagulable fluid of transparent colloid material. This substance increases with age and the cavities enlarge and coalesce. In the Interstitial connective tissue is a round meshed capillary Plexus and a large number of Lymphatics. The nerves adhere closely to the vessels.

The vesicles contain also Epithelial cells, and colorless blood corpuscles, some of which are undergoing disintegration.

FUNCTION.—Little is known further than that the Lymphatics carry off this colloid material which is produced in the vesicles and discharged into the blood. The destruction of red corpuscles is also supposed to take place in the gland. In animals, its removal causes a peculiar condition known as Myxedema, which with Cretinism are closely associated with this disease, in removal of the glands in human subjects. In certain animals, too, peculiar nervous symptoms such as twitching, tremors or convulsions, appear after removal of the entire gland with more or less paralysis or in co-ordination.

ANATOMY OF THE THYROID GLAND.—This gland bears a resemblance to the Thymus and Suprarenal glands and spleen. They are classified as ductless glands from its having no excretory ducts. Situated at upper part of the trachea, two lateral lobes and isthmus.

Four characteristic symptoms of Goitre are the following (1) Exophthalmos with Stellwag's and Von Graefe's sign; (2) Thyroid enlargement; (3) Tachycardia; (4) Tumors.

The condition is due to hyperthyroidism. According to another theory, it is due to a central lesion in the Medulla Oblongata. Myxedema is a condition due to loss of function of the Thyroid gland and is characterized by a Myxedematous condition of subcutaneous tissues, mental failure, atrophy or pathological change of the Thyroid gland.

Treatment of Myxedema consists in the administration of Thyroid extract, at first in large ascending doses, beginning with two grains three times a day and increasing the dose until the patient takes ten to fifteen grains in twenty-four hours. Size of dose is regulated according to effect, occurrence of symptoms of Thyroidism (rapid pulse, nervousness) after recovery the patient must continue the rest of their lives, at proper intervals, the taking of a sufficient dose to preserve normal metabolism.

Thyroid extract is contradicted in most cases, but may be used in some cases in which Hyperthyroidism is not marked and in which resemble a mild case of Myxedema.

Anti-thyroidin, a preparation from Thyroid ectomized sheep, is recommended in some cases of true Hyperthyroidism, dose 15 to 30 m. three times a day.

Thymus gland, two to five grains three times per day. Suprarenal extract is also recommended. Beebe's serum is also successful in some cases. Excision is recommended by some.

SURGICAL TREATMENT OF GOITRE.—Studied from a surgical standpoint, Goitre is one of the most difficult pieces of work to which surgery is applied and therefore the abdominal surgeon and few general surgeons attempt it.

We have for consideration, practically two kinds. The disease is appreciated abroad where, in some sections of the country, its victims fill the hospitals. In Virginia and the Carolinas, the disease is rare, but nearly every physician has some cases in his practice. When patients apply for attention, they are usually told to paint it with Iodine or given *Phytolacca* internally and locally. Injected with no end of combinations, electrocuted and then discouraged with the remark that after Thyroid extract has been used it is dangerous to interfere with it surgically, that they will become foolish or idiots or something of the sort. I, at least, have seen a few cases in which they have become idiots where the disease was allowed to go on.

Goitre is a swelling of the Thyroid gland, not due to inflammation or to a malignant tumor. The enlargement may involve only a small portion of the gland or one lobe, or both lobes, or both lobes and the isthmus.

The disease is roughly divided into ordinary Goitre and Exophthalmic. The ordinary form develops in one of three

varieties. The Parenchymatous is due to a Hypertrophy of the whole gland. The entire gland enlarges symmetrically. Adenomatous Goitre is due to the growth of one or more Adenomas in the substance of the Thyroid. These may be single Adenoma or multiple, usually multiple and the growth is not symmetrical. Cystic Goitre is due to the presence of cysts or a cyst in the gland. They may form from an over-distension of the vesicles in the gland or the coalescence of a number of vesicles or from mucoid or colloid degeneration of adenomata or from an extravasation of blood or serum in the gland.

Exophthalmic Goitre is an unusual type of goitre. The gland is only slightly enlarged and is attended with grave constitutional symptoms, as Tachycardia—bulging of the eye balls, palpitation, tremors. Nervousness, breathlessness on exertion, cause is not definitely known, but thought to be a Hyper-secretion of Thyroid secretion. It occurs in epidemics as well as endemically. It is common in the valleys at the foot of certain ranges of mountains in Switzerland, Italy and France. It is so common in one county in England that it is called Derbyshire Neck.

ETIOLOGY.—May be hereditary, unsanitary surroundings or habits of living. Drinking water from melted snow.

The size of a goitre varies greatly as does also the shape. If both lobes are involved, the growth is symmetrical, if only one lobe is affected, the growth is only on one side, although it may develop so as to become central and displace the windpipe. Sometimes changes positions and then is called a wandering goitre. It may become substernal, Intrathoracic, Retro-tracheal, Retro-sternal, or Retro-esophagae. These growths may cause pressure symptoms. Obstruction to circulation gives rise to enlargement of the veins of the neck and face. Irritation of the recurrent laryngeal nerve, a reflex

cough or metallic voice. Mechanical interference with the larynx, trachea or esophagus also definitely affecting respiration and deglutition.

The course of goitre cannot be predicted. It may shrink and disappear, may remain stationary, enlarging temporarily at menstrual flow and during pregnancy, grow slowly or rapidly, may become malignant.

If fairly symmetrical, it is usually parenchymatous. If it suddenly enlarges, hæmorrhage. If it does not produce pain upon swallowing it is usually benign. If it causes pain upon swallowing it is, most likely, malignant.

Treatment has been discussed, Thyroid extract, Iodid of Potash or Arsenic, local application of Iodine or red Oxide of Mercury Ung, with exception of Thyroid extract in Parenchymatous, these remedies are usually of but little benefit.

Many cases tend to spontaneous cure. Electrolysis and Cataphoresis has been nearly abandoned. X-ray experimental, later an operation should be recommended.

Indications for operation,—(1) Rapid growth, (2) marked deformity, (3) interference with respiration, (4) infection and inflammation, (5) suspicion of malignancy.

Of the numerous operations, two have stood the test; 1st, Extirpation, removal of part of the gland within its capsule, usually one lobe and sometimes both. Some of the gland must be left or Myxedema will develop. On incision (the collar) capsule and gland are exposed and separated from external parts. Vessels tied before being cut, superior and inferior Thyroid, isolated and ligated, care taken not to rupture the recurrent laryngeal nerve. Gland lifted and isthmus raised and crushed and tied.

In the removal of tumors or cyst, from the substance of the Thyroid. They can be recognized by their color. Hemorrhage arrested as usual, the cavity in

which the tumor lay should be packed and the drain carried through a puncture wound below the incision.

Kocher has operated 3,000 cases with a death rate of less than one-third per cent. Says medical treatment has no effect and is therefore not justified. As soon as dangerous symptoms arise, they should be removed by operation. Local anesthesia is used in some cases, but the general anesthetic is more preferable, ether being used.

The effects of removal of an adenoma or any surgical interference with the thyroid gland is likely to increase all the nervous symptoms, tachycardia, etc., temporarily. Subsiding as the irritation is relieved, burning of the hands and feet, swelling of the face, increase of temperature, eruptions of the skin, all being relieved in from one to three weeks.

DANGERS OF SURGICAL TREATMENT.—Operations upon Colloid, simple or diffuse adenomate as a rule involve but slight risk to life. A great many patients wish to be relieved of the deformity, the tracheal pressure, hoarseness, neuralgia, which diseases of the thyroid produce, few deaths occur although a great amount of discomfort. Death usually being due to the malignant or intra thoracic type, (C. H. Mayo). In a review of 1,000 operated shows a continually descending mortality, even in the most serious cases.

The greater danger in operative work being that of secondary hemorrhage due to tying off a vessel with muscular tissue within the grasp of the ligature. Other dangers are that of wounding nerves, removal of the Thymus Glands, or too much of the Thyroid itself.

Recent reports show that the mortality of infants among the poor in Germany is exceedingly high, because of the lack of care the mother has both before and after the birth of the child. The number of the still births is very large, and badly nourished, and imperfect infants are very common.

OBSTETRICAL THERAPEUTICS

C. H. MURPHY, M. D., PERRY, MICH.

Our remedies are not restricted to the field of clinical medicine alone, for we find proper indications for them in many surgical, gynecological and obstetrical patients. There are many times that the patient may be spared heroic treatment by the timely use of the indicated specific remedy, and this is especially true in obstetrical practice.

Believing in Eclectic principles as we do, we know of a certainty that we have better facilities for the cure of disease than followers of other systems. If it be true that "specific medication" is the correct system of treatment for pathological conditions, then it must also be true that methods which do not harmonize with its teachings are limited in their results for good, and their advocates forced to confess (as some of the leaders of the dominant school have already done) that there is nothing in therapeutics, except confusion and deception, and that if the patient does get well, it is the work of nature that gained the victory in spite of the drug used.

A follower of Beach, Morrow, King, Howe, Scudder, and a host of other stalwarts of the reform school, finds these things different, for he well knows that the timely assistance of the well-chosen remedy will turn the tide, and in conjunction with nature, will effect a cure where a cure is possible. It would occupy more time than we have at our disposal to do full justice to the subject of this paper. Therefore, we will content ourselves with a brief outline of some of the conditions most frequently found, which we may correct with the indicated remedy, thus guiding the pregnant woman past the danger points and terminating the complications of labor with safety to mother and child.

Among the earliest symptoms for which we are consulted are those of nausea and vomiting—morning sickness. It

sometimes happens that we find cases where anything we do will not afford relief; on the other hand, many cases are promptly cured of this trouble by the proper selection of remedies. Of these the following have served us best:

Arsenicum 3x, when the nausea occurs after eating and drinking; there is thirst for small quantities of cold water at short intervals, burning in the stomach, restlessness; there is faintness and excessive prostration of all the vital forces. Give a three-grain powder every two hours.

Specific ipecac, five drops to four ounces of water; dose is one teaspoonful every hour; indicated when the nausea is the predominant symptom, attended with vomiting of bilious matters, undigested food and large quantities of mucus. This remedy is especially indicated when the tongue is narrow and pointed, with red tip and edges. This is the remedy for irritation.

Specific chionanthus, one ounce to aromatic fluid extract cascara three ounces; a teaspoonful of this mixture two or three times a day is indicated where there are liver complications, such as bilious vomiting and jaundice, accompanied by obstinate constipation.

Nux vomica is the remedy for atony. It should be prescribed for real morning sickness; bitter, sour eructations; vomiting of sour mucus and the ingesta. The tongue is broad and pallid, showing atony. Excessive nausea, with a feeling that she would be better if she could vomit.

Kidney complications sometimes confront us. This is usually manifested by oedema of the feet and legs, and urinalysis determines albumen. In this case we would order a mild diet and prescribe specific apis mellifica, ten drops to four ounces water, teaspoonful every three hours, where there was suppression and retention of urine, especially if there was irritation of the urethra, with burning,

stinging pain and constant desire to urinate with inability to do so.

Arsenicum, 3x to 6x, is indicated if the oedema is observable in the face and about the eyes; the countenance is pale, waxy, transparent; the thirst is intense; the patient is restless; the urine is scanty, high-colored and passed with difficulty. The dose is a three-grain powder every two hours.

Specific apocynum, one drachm to four ounces water; of this one teaspoonful every two hours if the stomach will bear it, is indicated when there is oedema of the cellular tissue, swelling of feet, puffiness of eyelids and fullness under the eyes.

Specific Helonias is indicated in albuminuria during pregnancy when the urine is profuse, clear and light-colored; frequent desire, urine burns, heat and pain in the region of the kidneys, so that their outlines can be traced thereby; aching and tenderness of the kidneys; weariness, languor and weight in the region of the kidneys; general malaise, unusually tired, drowsy, sleepy, melancholy mood. One drachm of this remedy to four ounces water. Of this solution one teaspoonful every two hours.

Mercurius corrosivus, 3x to 6x, seems to have the most salutary effect on this disease. The dose is a three-grain powder every two to four hours. It is used with the idea of preventing eclampsia. This remedy corresponds to the large white kidney. There is an albuminous, scanty and red urine; pale, waxen color of the body; lumbar pains, great dyspnoea and excessive strangury are all present. Luetic complications further indicate it. An expression of uneasiness is noticed on the face. Dr. Ludlam considers it our very best remedy for the albuminous nephritis of pregnancy.

Threatened abortion is often averted by such remedies as specific viburnum, especially habitual abortion. It is to be given when there are cramps of the legs

or other parts of females during pregnancy. The dose is ten drops of the specific medicine every three to six hours. For habitual abortion five drops four times a day from the beginning of pregnancy to the end of the fifth month.

Labor may be made easier by prescribing during the final ten weeks of pregnancy the following:

℞ Sp. helonias	drams 2
Sp. pulsatilla	dram ½
Sp. caulophyllum	drams 2
Sp. mitchella	dram 1½
Glycerine	ounce 1
Elix. lact. pepsin, q. s. ad. "	8

M. Sig.—Teaspoonful three times a day, two hours after meals.

The indications for these remedies are the following:

Helonias has a tonic action on the uterus. The general health is improved by its use, as a result of its influence on the digestive organs, increasing digestion and promoting assimilation. It overcomes the mental depression and irritability, has a salutary effect on the kidney, alleviates the dragging sensations in the lower part of the abdomen and gives tone to the uterine muscles.

Pulsatilla soothes the irritation of the nervous system. The patient is nervous, despondent, and fears some impending danger; is frequently moved to tears, and still she is unable to give any sufficient reason for so doing; there is nervousness with sleeplessness, and a sense of fullness and weakness in the back and hips.

Caulophyllum is indicated in general atonic conditions of the uterine organs which manifest themselves by spasms, nervousness, irritability, insomnia. False pains of spasmodic nature in pregnancy, threatened abortion. The action of caulophyllum is to prolong pregnancy to the normal period.

Mitchella can be relied upon to remove influences that increase the severity of labor, and, if given beginning

ten or twelve weeks prior to the confinement, in ten or fifteen drop doses three times a day, it will smooth the way to an easy labor by its tonic influence on the nervous system and uterus.

Cimicifuga may be substituted in this prescription or added to it as symptoms in the individual case may seem to require, because it has a positive sedative action upon the pregnant woman, quieting the reflex irritability, nausea and insomnia so common in the last six weeks of pregnancy.

When labor sets in, cimicifuga is indicated because it relaxes the uterine muscles and the soft parts of the parturient canal, controls muscular irritability, thus facilitating labor and diminishing risks of lacerations. It increases the energy and rhythm of the pains in the second stage of labor, and insures a firmly-contracted uterus when the third stage has passed.

If the os is rigid, being sharp, thin and unyielding, gelsemium is the remedy; prepare thirty drops in one-half glass of water and give a teaspoonful of the solution every fifteen minutes for one or two hours or until the eyelids drop.

If the os is thick, doughy and tight, lobelia is indicated. Here three-drop doses should be given until nausea results, then smaller doses and less often.

Magnesia phos., 3x, a teaspoonful in one-quarter cup of very hot water, having the patient sip it slowly, will act with surprising rapidity in many of these cases of rigid os. It is my practice to administer chloroform only during the pains, as at this time it certainly assists in overcoming the spasmodic contractions of the os. Weak uterine pains may be strengthened by the use of caulophyllum, thirty drops to one-half glass of water; of this give one teaspoonful every fifteen minutes until pains are strong. This remedy is of value when pains are feeble from atony of the uterus and the patient is weak, nervous and discouraged.

For simple inertia ten drops of cimicifuga may be given. Repeat in fifteen to thirty minutes if necessary.

Caulophyllum and macrotys may be administered in conjunction if required. Should these two remedies not act strongly enough, fifteen to thirty drops of gossypium should be added.

Sometimes everything seems to fail in labor and an instrumental delivery seems imminent, and right here a teaspoonful of black pepper in hot milk will dispel the cloud and nature will right the condition herself—not every time, but enough times to make it worth the trial.

I know that the temptation to interfere in labor is great, at times. The pains are severe and the progress is slow. There is a good deal of nervousness; the mother and the grandmother and the old maid aunt are present and something must be done! We know everything is normal and that in a little time, if we will give our indicated remedy a chance to do its work, a new voter or dressmaker will soon come into the world, but who wants to wait? There is no one present who will appreciate our patience and the indicated remedy, and who can realize the virtue of a little time. Why stop to demonstrate what nature can do with but slight assistance, when no one present at such a time can appreciate such work?

It is much more spectacular to administer chloroform and deliver with instruments; and thus have a two-fold advantage, much better than waiting for the indicated remedy—it popularizes the doctor in the neighborhood, for an instrumental delivery will be talked of far and wide, and it justifies a larger fee, and he needs the money. I say don't use the instruments until we have exhausted every means at our command to relieve the patient. I am not decrying the use of the forceps, but I do condemn the indiscriminate use of them just to make a show and to get through the case quickly,

and then claim we are saving the woman hours of suffering, when if we would use a little therapeutic skill and some manual assistance the patient will help herself.

Dr. Ellingwood, in the May, 1909, number of his "THERAPEUTIST," says that he is constantly arguing that there is too much interference in labor cases, and quotes from another article in which the writer reviews the history of forceps operations; and this author's conclusions are that very many children so born are either epileptics or idiots, or present other preventable accidents. He shows by the eminent writers of the world that idiocy, epilepsy and cerebral wrongs of childhood are due to asphyxia, prolonged compression, or injuries to the head from forceps.

He further says (quoting from another article): "The physician should be thoroughly satisfied that the woman is actually unable to effect the natural expulsion of the child. Again, he should be satisfied that some condition, dangerous to mother or child exists, unless delivery is rapidly accomplished; also that dangers to the mother are actual or threatened eclampsia, inadequately compensated heart lesions and exhaustion. Of this last condition the medical attendant must be his own judge.

Patients and friends will often insist on exhaustion when in fact the patient has plenty of vigor to carry on the process. Here, gentlemen, the physician must be master of the situation—determined, strong and vigorous; know what to do and do it.

A feeble pulse is the best indication for instrumental interference, is said to be a good working rule, and here is where we get back to our therapeutics again after this long digression. For the weak heart action cactus in five-drop doses with strychnine arsenite one-hundredth grain, repeated every thirty minutes until better, has been a sheet-anchor

with me and obviated the use of forceps in very many cases.

By way of parenthesis, I wish to say from personal experience, that in a hospital practice of three years and country practice of seven years, during which time I have personally conducted over four hundred obstetrical cases, my actual instrumental deliveries number but fourteen. For the year ending April 1st, 1909, I attended twenty-three cases, two of which were instrumental. One of these terminated at eight months, the baby being dead, caused by the mother falling; the other was a face presentation, mother completely exhausted, pains doing absolutely no good; baby weighed sixteen pounds. In all cases I have carried out the treatment as outlined, and have given the preparatory treatment if I could get the case in time.

After the third stage has terminated, *cimicifuga* in fifteen-drop doses maintains firm contractions of the uterus, thereby preventing clots from forming within the uterine cavity, thus obviating the cause of after-pains. If hemorrhage occurs, twenty to thirty drops of specific cinnamon in a little water usually suffices; however, this dose may be repeated if necessary. Atropine, one hundredth grain hypodermically is good treatment at this time because of its effect in contracting the arterioles by its stimulation of the cardiac ganglia of the sympathetic, thereby causing a rise of blood pressure, which it at first increases, and is soon succeeded by a diminution of blood in the vessels, which makes it indirectly a hemostatic.

If post-partum hemorrhage supervenes, in addition to local measures, ergot in ten drop doses every five minutes will help control the flow. Trillium tincture in ten-drop doses every ten minutes is indicated when the flow comes with a gush; active or passive hemorrhage made worse with every movement. I have had no experience with hypodermic er-

got. When the flow has been checked, china tincture in five-drop doses every three hours will help to make up for the excessive loss of blood.

The usual after-pains are generally controlled by *magnesia phos* 3x, ten grains in teaspoonful hot water every fifteen minutes until better. If we have used *cimicifuga*, there will be no after-pains, especially if we use the *auger* curette and remove clots.

Other remedies are *viburnum*, *matri-caria* and *arnica*. These remedies may be administered in one-half drop doses every hour, according as the indications call for the several remedies. I have never yet had to resort to morphin or codein in order to control after-pains. The carefully selected remedy, with proper evacuation of the uterus, has always been sufficient.

Delivery being completed and hemorrhage under control, we can materially assist in removing the soreness and healing the tissues by the use of *arnica*, *calendula* or *hypericum*, according to their indications and in the usual doses.

Varicose veins may be relieved by the timely use of *pulsatilla* or *hamamelis*, supplemented by the proper local and mechanical treatment. Obstinate cases call for *caruus marianus* in five-drop doses four times a day.

Should we be so unfortunate, through faulty technic, as to meet a case of puerperal septicemia or sapremia, the chances of saving the patient's life are decidedly increased if we are thoroughly conversant with the specific indications for *echinacea*, *baptisia*, *veratrum*, *bryonia*, carbolic acid, *rhus tox* and a number of others, in addition to the necessary operative and local antiseptic treatment.

Infantile colic is readily controlled by *magnesia phos* 3x in a little warm water; the dose may be repeated every ten to fifteen minutes. Often *chamomilla* 3x and *colocynthis* 3x in warm water acts like magic with these colicky babies.

I have not referred to all the conditions in which our remedies may prove a life-saver, but I have tried to give you a reason for the use of most of them; and I hope that we all may be stimulated to more carefully study the materia medica and to endeavor at all times to administer the indicated remedy, chosen invariably according to the specific symptoms of each individual patient, for by so doing we will decrease human suffering and assist in carrying on the teachings of our system; for I tell you there is a mine of vast wealth hidden within this materia medica of ours, and in order to unfold it we must ponder, observe, keep records, study and ever be on the alert for new indications. To do this in the most perfect and scientific manner possible should be our pride and constant effort.

Read at Michigan State Eclectic Society.

DIGESTION AND THE REFLEXES

V. A. BAKER, M. D., ADRIAN, MICH.

To be a pathologist requires a thorough knowledge of physiology and physical science, as well as abundant experience in addition. It is necessary to be able to comprehend the changes involved in cell-growth and cell-proliferation, and by them the forming of the plasma, or material, from which tissue and bony structure are fashioned and nourished, together with the mode of disposing of waste consequent upon the processes of growth and repair. If these are not duly performed morbid systemic conditions are sure to follow, producing a train of symptoms which are general or special, according as a part of the body or the whole is in abnormality. This departure from health, its cause and consequences—the knowledge to be gained by investigation, comparison, interpreting the sources of disease and its manifestation—is comprised in the province of pathology, general or special.

In this paper it is proposed to discuss pathological questions relative to digestion and assimilation, with certain resultant conditions, common and obscure reflexes incident to these, and other disturbing matters in the pelvo-abdominal cavity.

In order to present the subject properly, it is necessary to refer to the ganglionic or great sympathetic nervous system, its ultimate relations with organic and vegetative life, as well as with the cerebro-spinal system, and to the office from which it derives its name of transmitting impressions from one part to another. The sympathetic nerve, anatomically considered, consists of a double chain of ganglia extending from the head to the extremity of the spinal column; the trunk itself being one continuous narrowing and widening in its course, and its neurilemma expanding to surround and accommodate substances analogous to the gray and white matter of the brain which are way-stations of nerve-matter, making it possible to maintain the requisite supply of nerve-energy independent, to a certain degree, to the brain. This is especially true in regard to the maintaining of the functions of systematic activity to which it ministers.

The reflexes belonging to uterine abnormality, are familiar to all physicians. Many others are equally discernible when we are able to interpret them. The facial expression from abdominal pain, and from pain in different parts of the abdominal region, is often very strongly marked. Brain function and its localization, comprehended from the modern point of view, are of great service to the diagnostician, to enable him to differentiate between grave symptoms produced by abdominal-pelvic conditions, and similar symptoms occurring from brain lesion or idiopathic disturbance of the brain.

These latter are frequently diagnosed as secondary, the necropsy at a

later period revealing the error. Grave maladies have in this way been imputed to the stomach and liver and treated accordingly for years, and, afterward being correctly diagnosticated as ovarian, have been successfully remedied.

Healthy digestion and assimilation are little understood in detail by fully two-thirds of the medical practitioners of all schools. It is therefore matter of little wonder that so little is known of the reflexes or their management, or that so many mistakes are made in diagnosis. Inflammation of the diaphragm produces pain in the muscles of the neck and in the deltoid, and is often treated as rheumatic. This is accounted for by consideration of the phrenic nerve, its relation to the cervical plexus and its distribution to the head and shoulder; and especially so when the pain is associated with difficult respiration, and the diaphragm is examined. If it is found to be tender, the diagnosis is plain.

Similar reflex symptoms, however, may be produced by abdominal tumors, which by pressing upon the stomach may affect diaphragmatic action. Per contra, disease of the spine, as of the anterior or posterior horns, or spinal sclerosis, in the dorsal region at the origin of the sixth or seventh inter-costal nerves may reverse the order, and, following the trunk from the central origin, may produce pain in the stomach and possibly in the diaphragm. Such pain is modified when the patient is in a recumbent position. We do well in our diagnosis to bear this fact in mind.

The pathologic manifestations of the reflexes will likewise account for the flushed cheeks and face of the children from gastric or gastro-intestinal irritation, whether this be from indigestible substances in the alimentary tract, worms, or other irritating causes. The blush and paling of the face are also thus explained. The sympathetic system governs and controls arterial ten-

sion. The smaller the calibre of the arteries the greater is the density of the muscular coat. This is everywhere supplied with filaments of the ganglionic nerves.

When, therefore, we also bear in mind that branches from this organic system are also distributed to the brain, and other structures of the head, we may the more readily comprehend the sources of reflex brain disturbance resulting from impaired digestion and liver function, as vertigo, sea sickness, continued headache and head sickness, which afflict so many, and are due to functional derangement of the gastric or abdominal system—a teasing disturbance or derangement of the organism of vegetative life, digestion being indicated by nerve-energy. If this is deficient, it is imperfectly performed. Hence, when this innervation is insufficient, we may expect a multitude of reflex symptoms, which pathologic study will enable us to interpret.

The supply of blood is regulated by the nerve fibres belonging to the organic system, which accompany the blood-vessels and govern dilatation as well as contraction. The amount necessary for gastric digestion is astonishing; not less than thirteen pounds of gastric juice being required for three ordinary meals.

Although the secretion of the stomach is alkaline during the period of rest, the gastric juice is always acid. The duodenal and intestinal digestive assimilation are accomplished in an alkaline medium. Hence, in accordance with this fact, alkaline remedies are to be administered before meals. It is better, however, to give metallic nitrates, oxides, etc., three or four hours after meals, as chemical reaction will then be less likely to interfere with their operation by forming new combinations.

Acids, for the purpose of correcting excessive acidity, should be given just before meals, as they retard osmosis to the

stomach; but when used as aids to digestion they should be administered after meals. All remedies to favor nutrition, including the whole category of artificial digestive aids, should be made use of at or immediately after meals; but bitter tonics to quicken appetite should be taken an hour, or a half-hour before.

Wines and tea contain tannin and more or less qualify injuriously the effects of pepsin and peptonoids. Certain conditions of imperfect digestion, however, are not occasioned by deficiency of pepsin, and may be benefited by wines or gentle stimulants judiciously administered at meal time. The experiments of Dr. Beaumont proved conclusively that alcoholic stimulants taken upon an empty stomach retard the digestive process.

Unusual mental impressions, operating through the emotions, may slow digestion or suspend it entirely. Violent fits of anger, it is well known, may so influence the glandular system as to poison the lacteal secretion, inducing convulsions in the young babe of the nursing mother, or they may cause fatal hemorrhage, immediate and profuse diarrhoea, faintness, embolism, apoplexy and death.

The influence of the sympathetic system upon the glandular structures and function of secretion, and the agency of this system and the reflexes through the emotions, when well understood, are found to be suggestive and an invaluable aid in diagnosis. The procedures comprehended under the terms, "Christian Science," "Faith Cure," "Laying on of Hands," "Metaphysical Medicine," "Mind Cure," etc., have been their foundation and explanation. If the mind can be profoundly impressed, great changes may be wrought by and through the action of the emotions upon the secretions. These "Cures" appear to be limited exclusively to such impressions, and are thus as readily explained as any other of the physical phenomena connected with life.

The pathology of digestion and assimilation accounts for chlorotic and anaemic conditions. In simple anæmia the corpuscles and hæmoglobin are less than normal; in chlorosis the hæmoglobin is diminished, but the corpuscles remain the same. When this latter condition is reversed, the hæmoglobin being increased and the corpuscles diminished, the result is what is described as pernicious anæmia.

The pathology of many obscure conditions, not amenable to present methods of treatment is often due, without doubt, to the absorption of the products from secondary and even tertiary changes, due to defective digestion and assimilation. New combinations and ptomaines of diversified intensity result, the absorption of which into the general circulation tends to depress the vital force, even sometimes modifying the circulation fluid to a fatal degree.

Again, age should be taken into consideration. In childhood, when growth is rapid, the nourishing vessels are more readily impressible, and brain substance especially liable to disturbance, though the reflexes is greater. An overloaded stomach at that period is sufficient to cause high fever and alarming symptoms. This, however, will pass away in a few hours if the stomach recovers its normal condition. If protracted, it may produce convulsions. This is especially true if the casein of the milk passes from the stomach into the intestinal tract but little changed. Convulsions may also be caused by dermic irritants, as blisters, scalds, burns, and by the passage of renal or biliary calculi.

A very grave and usually fatal cause of convulsions in children may be due to tuberculous deposits in the meninges of the brain or spinal cord, produced by faulty digestion or assimilation. The great number of children dying annually in the United States, must be set down as being very largely the result of bad

management displayed in artificial feeding, improper dressing, ill-ventilated nurseries, and too often, in neglect of mothers, as shown in entrusting their infants to incompetent nurses or attendants. Indeed, if the child actually survives the ordeal of infancy, the evil does not end there. The failure of home rule in America more than equals what goes by that name across the ocean.

If we really desire a better race of men and women, the reform must begin with their birth. There must be a complete knowledge on the part of parents in regard to the care for the child's early development, how to assure it a physical basis for a better bodily constitution, with healthier brain and more reserve force. As the child grows up into adolescence, physical and mental cultivation should be combined. Our present method is mawkish and faulty at home and not very commendable at school.

The system of "cramming" is bad and full of mischief. Nevertheless a worse evil besets the procedures for physical development. The young lad, ill-governed at home, is to be seen aping what he considers the ways of manhood, appearing in his knee-breeches and stockings smoking cigarettes or cigars, uncontrolled as to what he may do or may not do, hastening to premature manhood. In this matter we need a wave, a very large deluge of reform, to sweep the land.

We want a sentiment to be created which shall require the removal of the prevailing ignorance in these matters, as well as the indifference which permits the young of both sexes to be educated in the silly ways and ruinous habits of the day, resulting in physical degeneracy, suffering and early death. If medical men who think and reflect would set forth with united voice the facts and reforms needed we might assure an immediate improvement.

The knowledge attained in cerebral pathology, relating to the various fo-

cuses and "centres" which govern the several functions, the reflex affections induced by abnormal conditions, the mental and moral influences impairing digestion and other processes, the influence of bodily conditions to modify brain-action, as well as to render us at times more susceptible to disease—all this renders us more intelligent in regard to preventive methods.

A SCIENCE METHOD OF COMBATting DISEASE

ROBERT GRAY, M. D., PICUICALCO CHIAPAS, MEX.

Scientific truth is aggressive as the dispensation of Providence its fountain source. I have written so much to the profession through medical journal mediums in recent years, attesting that science is divine inspiration, that I deem it needless to say more on that score here, than to note this mere passing reference.

Prevention and abortion of all disease conditions are practical deductions logically rational. Put and keep the liver and stomach in their active functions of normal nature, and you will have immunity from contagious invasion. Any and all disease is diametrically in contravention with nature, and cannot breed and develop in the physical anatomy without the aid of some systematical disorder, such as indigestion, constipation and their sequent hepatic obstruction, inevitably involving cardiac demoralization. Thus is evolved, congestion, or stagnation of the circulation, rendering the surface and extremities cold. Then with the reaction comes fever, which makes the hot culture bed in which bacteria promptly breeds in incalculable numbers, and establishes the diseases they create. Without *fever* they cannot thrive; and *fever* supervenes only when nature does not dominate the anatomy.

I believe that I have carried in my system for more than forty years germs of five distinct epidemics, sufficient to inoculate a regiment of soldiers, but never had a symptom of any disease, because nor-

mality was never abated to permit such development; the pestilence ever remaining dormant for want of breeding conditions.

The only medicine I have taken in forty seven years has been lemonade and cold water, with pine apple juice as a digestant on top of any improper meal that unavoidable circumstances may have forced me to eat. Hence, it is clearly demonstrated that drugs are not indispensable to preserve health.

No man, anywhere is more barbarously exposed to contagion than I am, under circumstances the most favorable that possibly could exist to aid infection, yet, I am never sick a moment and am a stranger to physical pain. I have passed the four score year point, yet appear as a man of sixty-five, and I possess vigor and endurance for thirty-five. But from childhood to date, clabber milk has been an important item of my diet, because I relish it more than any other article of food. Professor Metchnikoff would assert that I have thus innocently averted senility, otherwise my inevitable destiny. Certainly some extraordinary influence has preserved me through the long and crucial ordeal of tropical rural practice—the most trying flesh and blood could stand.

Then why may not any physician, anywhere, in comfortable, reasonable practice, enjoy uniformly good health and largely increase his prospective span of life? He may easily do this and far more he may teach his patients the secret to live healthy and long. The great majority of mankind should live in health a hundred years, while our perverse humanity is passing the evolutions that will bequeath immortal life on earth. This may be much, yet not too much to expect, as the very atmosphere we breathe, is rife with divine wisdom, daily becoming more and more the heritage of man.

To prevent disease is the first principle of true medical science; and to abortion

at inception is an imperative professional duty. It is sheer nonsense, the spawn of ignorance, to pretend that any disease or fever must run a specific course, and should be criminal practice to treat a desperate patient under any such erroneous rule. I would not make such a broad and sweeping assertion based on my own experience alone, which would amply justify the affirmation, were I not supported by thousands and thousands of the brightest and most progressive minds in the profession. Every thing I learned at college is now entirely obsolete in my practice because new and better substances and methods have been developed. We have no more right to practice medicine under antiquated rules of therapy than the government has to send fast mail by stage, for the true advance in medical science equals that in transportation.

That a large element of the profession denies such truth, detracts nothing from its vital importance, certain to win victoriously. Our true mission is to save desperate patients and prolong human life; and do all possible to prevent disease.

All boils, ulcers, carbuncles, goiters, cancers and other surface formations of similar character, may be aborted and destroyed at their inception by hypodermic injections of pure crystal phenol liquified by heat, and hemorrhoids radically cured by the same process scientifically applied, always washing chance overflows promptly with alcohol. The syringe should be heated in water, changed to prevent crystallization in the needle. A good syringe will not leak. The rule to inject tumorous formations is by drops, till the plate turns white, application at several points sometimes being necessary when the disorder to be treated is large. The pain calms almost in the act.

This application should not be made where there is water or pus to reduce the phenol to a solution that would be absorbable into the circulation. The reme-

dy in the form of pure crystals liquified, is not absorbable, a quart of which may be introduced with impunity into any dry or bleeding cavity, or fresh bleeding wound, which staunches the blood and superinduces prompt healing without pus. An impervious albuminate is formed with the blood serum over the clean, disinfected flesh surface. All impurities having been consumed in the act, where the phenol exhausted all its energetic force.

In watery or pus deposits on any class of old sores or cutaneous disease, I employ phenol pure crystal, chloral hydrate and camphor gum, equal parts of each with perfect safety, and propitious results.

Pneumonia, typhoid fever, dysentery and other violently dangerous diseases are all abortable at their inception.

Pneumonia, typhoid and other perilous fevers I abort by elimination with podophyllin, grain $\frac{1}{2}$, extract nux vomica, grain 1-16, extract hyoscyamus, grain $\frac{1}{8}$. Mix. Make a pill or tablet. I give from one to eight such tablets according to circumstances and urgency of necessity which usually terminates the trouble by removing the cause. I also use freely enemas with epsom salts or sodium chloride while acontine in frequent fractional dosage progressively to saturation of effect, seldom fails to make short work of the fever complications. I ignore contra indications, nearly always present in these weak tropical people. I strengthen the heart with glonoin and sustain it with cactin and strychnine arsenate.

In gastric and other inflammatory fevers, the true practice is to dominate fever early, and keep it down, which is the sure method to combat the inflammation successfully.

I eliminate in dysentery, diarrhea, and yellow fever:

1½	Castor oil	parts 3
	Olive oil	part 1
	Lemon juice	part 1
	Sodium chloride to season heavily.	

Mix. Beat to an emulsion. Enemas of strong lemonade consistency and epsom salts are serviceable in high degree.

After the purge, I employ copper arsenate, grain 1-250 to 1-3000, getting proper solutions by dissolving the granules in water, according to the patient and necessity, dosage every fifteen or thirty minutes, or at longer periods, as required.

I use all the foregoing treatments when the disease is well developed before seen to suit the case.

There are some vital points in successful medication; diagnoses by the clinical method with no delay, in emergency cases, followed immediately by proper treatment, employing the best chemical substances extant, personally dispensed, no drug store substitutions nor slop being possible. These administered without trepidation.

All practitioners of a contrary bias want to know and remember that true clinical therapy recognizes no rule of practice, nor dosification other than that, to dominate the disease. Some patients requiring three times the dosage that suffices for others, diagnosing practically the same; each individual patient demanding a process of medication peculiarly suited to his physical and disease condition.

Trying to treat the sick under the rules of practice and dosage of misleading text books, makes prosperous business for the undertaker, and sad faced mourners for the physician. I have been through it all. I was as loyal a text book physician as any other in ten thousand, till thirty five years ago when I learned that I was practically a human butcher, aiding patients to die, who might have recovered without medication, and I now save 85% of desperate patients I then lost.

It is at the bedside of desperate patients that one learns to be a physician, not in college nor between the covers of medical books. All I learned in colleges and from books now comprises no semblance of a feature in my practice; in a field so fear-

ful, that no college professor nor author of medical books would recognize what he pretends to teach, disease so virulent that he would not be able to cure one patient in ten.

PELLAGRA

H. W. FELTER, M. D., CINCINNATI, OHIO.

The reported increasing prevalence of pellagra within the borders of the United States is sufficient reason for physicians to take note concerning this possible new menace to the public health. Though known to be endemic in some portions of Italy and other points around the Mediterranean Sea for nearly two centuries, but a few years ago but a single case was known to have been observed in the United States. Since then it seems to have spread with comparative swiftness. In 1902 a case was recognized in a foreign sailor coming into the port of New York. In the same year a case of uncinariasis with pellagrous symptoms developed in Atlanta. It has since appeared in Texas, Alabama, Georgia, North and South Carolina, and Florida. Hence the necessity for watchfulness, and for ability to diagnose the disease.

All writers agree that pellagra is non-contagious, and most of them now believe it is not hereditary as once taught by Wilson and others. It is, therefore, not likely to become such a menace as did the bubonic plague, nevertheless, special attention should be paid to the matter, especially as its cause, though conjectured, is not yet wholly proven.

Historically, pellagra is believed to have been correctly diagnosed as early as 1735, but the first well-accepted account was given by Casal, in Spain, in 1750. From the early cutaneous erythema characteristic of it, he gave it the name "mal de las rosa," or the red disease. Owing to its geographic location and resemblance to certain skin diseases, it has several other names, all Alpine leprosy, Lombardian leprosy, Ital-

ian leprosy, Alpine scurvy, etc.; and "mal de misere," because a disease of poverty. Being excited by sun heat it was once thought to be a local sunstroke, hence it was also named "mal del sole." The name pellagra was given it in 1771, though a disease, the nature of which is not now definitely known, appeared toward the close of the sixteenth century and was styled pellarella.

Pellagra is one of the curses of Italy. It became so common there at one time that special hospitals were constructed for it, and the number of victims was estimated at 100,000. Spain, Portugal, Southern France, Roumania, and portions of Egypt and Algiers are among the pellagra countries, and the cause has always been attributed, and perhaps with some justice, to the introduction of maize into those districts. The disease has spread into Eastern Europe, India, the Barbadoes, South America, and Mexico, and is now, as before stated, found in the warm climates of the Gulf States in our own country. Its prevalence having been given publicity in the medical and lay press, the question has frequently been asked lately: What is pellagra?

Pellagra (pronounced both pel'-lag-rah and pel-la'-grah, and meaning seizure of the skin or diseased skin) is an endemic, progressive, constitutional disease presenting three well-marked groups of symptoms referable to the skin, the gastro-intestinal tract, and the nervous system; hence, the triad: dermatitis, diarrhoea, and depression. Cases are acute and chronic. Though Wilson stated that as high as seventy-eight per cent of cases were curable, most authors regard the disease as generally fatal. Mild cases may recover under proper hygienic and medicinal treatment. Acute cases are fatal, and chronic cases fatal if the marked neurotic stage has been reached.

The disease appears in the spring months and seems to be excited by exposure to the sun. This, Searcy has

fairly well confirmed by the use of fenestrated gloves. During the winter it subsides, only to reappear with the returning of springtime. Thus progressing, it may last but a few years, or it has been known to persist for sixty years. More often it does not extend over fifteen years, and the average duration is five years. The individual exacerbations last three or four months, being aggravated anew upon exposure to the sun's rays. The majority of victims are women between the ages of thirty and fifty years.

Concerning the etiology there has been much speculation. That it bears some relation to the continued ingestion of contaminated or altered maize seems fairly claimed, though this has never been satisfactorily settled. On account of this relationship to Indian corn meal, the disease has been called *maidismus*. Some have contended that it is a species of malnutrition due directly to corn of small nutritional value, Vegetable fungi have been named as causes. It has also been attributed to a mycosis; and it has been thought to be an infectious disease, but the blood has revealed no bacteria.

More plausible than all is the suggestion that toxins produced in unripe or improperly dried corn through the agency of the *bacillus maidis* may be the toxic agent, for a toxic body resistant to considerable heat and capable of producing narcosis and paralysis in mice, has been isolated from putrefied corn affected by this bacillus. Fresh, moist corn-meal has at any rate long been thought to be the predisposing agent and sun heat the exciting cause. It is pre-eminently a disease of poverty, attacking those fed upon unwholesome and insufficient food, accustomed to exposure, and subjected to worry and privations. Hyde very properly says: "The exact etiology of the malady should rather be traced by the statesman and the politico-economist.

The wretchedness, poverty, poor food, and hopeless moral and social condition of the inhabitants of the pellagrous district, many of them toiling under a burning sun, half-starved, emaciated and despairing, should explain largely the symptoms of the scourge which afflicts them."

The symptoms of pellagra exhibit three stages. First, a prodromal general lassitude or muscular weakness, with occasionally febrile phenomena. Gastro-intestinal disturbances may accompany or follow this stage—a diarrhoea of a foul, serous character being most evident. Then supervene the added cerebro-spinal symptoms, which continue until death claims the unhappy victim. Though the order of progression is as here stated, these symptoms are best studied under the following groups:

The skin symptoms are the first to be noticed. The parts exposed (back of wrists, hands, forearm and elbow, the face, the dorsum of feet, and back of neck and the breast) show an erythema peculiar only as would be present by difference in sex and age. The redness, at first effaceable, later on, is deep-colored and shining, and may be accompanied by blebs or vesicles. In the later stages blood or pus may be found. Redness disappearing in two or three weeks, there succeeds the formation of thick, broad scales showing upon exfoliation a thickened, pigmented skin of a coffee and milk coloration.

The skin then becomes thinned, atrophic, cracked, or sometimes ulcerated, and sensibility is diminished. The erythema is centrifugal, clearing in the center and continuing active at the margins, which are fairly well-defined. Occasionally cases occur in which there are no skin lesions, and competent dermatologists have declared that the erythema differs in no respect from that of other symptomatic erythemata except as to localization. The skin lesions of pellagra

are quite symmetrical as they appear in the majority of cases.

The gastro-intestinal phenomena are loss of appetite, waterbrash, colic, and tympanites. The commonest symptom is the usually painless diarrhea, very foul, and sometimes bloody. The tongue is red and splits or is ulcerated, and pyalism and stomatitis are common. Anemia, thirst, and indigestion are present, and weakness and emaciation are extreme.

The cerebro-spinal symptoms are intense and distressing. The symptoms of the second stage continue or are aggravated, while dizziness, delirium, and oppression in the head or headache take place, due to the toxemia produced. Finally cord changes give rise to tremors, spasms, and paralysis. Dullness of intellect is marked, and the depression leads to the true insanities, shown either in melancholia, mania, idiocy, and paretic and other forms of dementia. Prostration becomes intense. The hands are semi-flexed, and symptoms of meningitis prevail. The tendency to suicide is common. The poor pellagrin gradually but surely slips into a typhoidal or marasmic state and death ends his sufferings.

The treatment of pellagra has not as yet reflected credit upon the profession. If diseased corn-meal is the cause, then prophylaxis is obviously the procedure to be emphasized. Abstinence from spoiled maize and the substitution of a nutritious mixed diet of meat and vegetables, removal from the infected locality, proper clothing, avoidance of damp situations and equally of direct exposure to the sun's heat would be prophylactic, and were the disease established, would offer the best advantages toward a cure. Mild cases at least might hope for good results under such precautions. While the general treatment has been that known as the restorative or reconstructive, with cod liver oil, bitter tonics, iron and arsenic, it would appear that here is a

fruitful field for specific medication with special reference to such agents as echinacea, berberis, hydrastis, avena, rhus, lappa and rumex, the latter being particularly rich in organic iron, for which reason also spinach might be advised as an article of food.—*Medical Gleaner*.

THE SPECIFIC METHOD

W. E. MILES, M. D., WEBB CITY, MO.

I desire to make a suggestion which seems to be overlooked by many writers in diagnosis and treatment. They are altogether too general and not sufficiently specific. My suggestion is one of the first principles of our method. When brought in contact with a sick person draw a mental picture of the normal body, then with that in each of its separate conditions, compare the condition of the patient under consideration. Forget to a considerable extent that you ever heard of typhoid fever, or bilious fever or pneumonia, as comprehended by the name, but look with careful insight into the exact conditions present; the condition of the temperature and pulse and the relation they sustain to each other; the condition of the tongue and of the digestive apparatus; the exact condition of the nervous system.

Is the patient well up in the bed? Has he a look of anxiety with flushed face, bright eyes, contracted pupils and quick pulse, or is a dull and listless condition present? Is he stupid, not easily aroused, with dull eyes, half open and expressionless, with dilated pupils and cool skin. Is he inclined to slip down toward the foot of the bed?

Such conditions as these to make first treatment whatever other conditions may be present. The first takes full doses of gelsemium until a more normal condition is approached. The latter will yield quickly to belladonna, a few drops in a glass of water, a teaspoonful every hour.

We are too prone to depend upon what the patient says or what his friends tell us. We must not accept these statements until we have looked into the condition for ourselves. We must not allow ourselves to be influenced by their statements but may allow our investigation to be directed by these statements.

This idea carried out in detail in all conditions, is what we mean by specific diagnosis and specific medication.

If you find a patient languid with general inactivity with fullness of the capillary circulation; the face has a doughy look, the tissues are full but cool and flaccid, the tongue is covered in the center with a yellowish pasty coat at the base, the patient may be constipated or the bowels may be very loose; this condition calls for small doses of podophyllin. This remedy carefully given will be found specific to this condition. It will correct the condition of the pulse as well as overcome the other indication named.

The doctor must keep his eyes open and his mouth shut when he enters a sick room. He can see, hear and smell a great many things that will be of real importance to him in making a correct diagnosis of any case and specially of some obscure cases.

In bilious vomiting, and in summer complaints of children with vomiting, I have been able to get good results from the bark of the peach tree. I use the sprouts scraping off the bark and making of it a strong infusion, giving this in small frequent doses. The correct proportions are about one ounce to the pint given in dram doses.

While I believe in giving single remedies, there are occasions for giving compounds. I have made the following mixture often and it serves me an excellent purpose as a local anesthetic. It is especially valuable in the treatment of toothache and in producing anesthesia in the gums for the extraction of teeth.

R	Cocaine	dram	1
	Carbolic acid	drops	10
	Colorless hydrastis...	drams	2
	Hamamelis	ounces	3
	Listerine	ounces	4

Water q. s. make eight ounces. This contains less than two per cent of cocaine. In using it around the teeth, inject a few drops at the root of the teeth. If the tooth is to be extracted, wait about ten minutes. The extraction can then be made without pain.

PHYSIOLOGIC ACTION OF BELLADONNA

W. H. YOUNG, M. D.

By mistake at one time in which two bottles that were alike and labeled much the same, were mixed, I took about a teaspoonful of specific belladonna at one dose. I did not notice the mistake for about two hours. I then simply braced up and worked hard all the rest of the day. I would not take anything to antidote the effects of the agent because I have long been satisfied that even very large doses of belladonna would not be likely to produce death.

The following are the effects of the remedy as I was able to observe them: a short time after taking the medicine my face became flushed, the pupils dilated, and the surface of the entire body assumed a bright, scarlet red color. The tongue was dry and parched; the fauces were dry, sufficient to produce choking; I could articulate only with great difficulty, and the voice had a croupal sound as it had when I would cough; there was vertigo with unsteady gait, with a feeling of not being secure when walking; there were hallucinations with illusions; there was an inability to concentrate the thoughts perfectly on any one subject which was brought to the mind.

The effect on the vision was peculiar. There was a constant, rapid change of colors before the eyes, especially the changing of black to that of a fascinating

blue, altogether unlike the ordinary indigo blue, but of a beauty that I could not possibly describe.

There was frequent micturation with a scanty deposit, with a burning and tingling in the urethra and bladder, with considerable tenesmus when making the effort. These effects were long drawn out. For months and even after the immediate effect of the remedy was gone, there was still some of those peculiar influences on the vision, remaining. The total recovery was quite slow.

ACTION OF ECHINACEA

P. F. PRICE, M. D., MILO, IOWA.

I have just read an article some one has written to the *THERAPEUTIST* concerning the physiological effects of echinacea, and cannot help sending you a squib in regard to the use of this very important drug. The writer who states his observation has seen some negative results, and he gives a warning in regard to it. This is the first instance where I ever saw or heard of any untoward effects even from very large doses of this remedy.

The physiological effects given by different Eclectic writers of *Materia Medica*, which is our reliable source of information, are as follows: There is a smarting and tingling in the throat and esophagus, but this soon passes away. It stimulates the kidneys to greater action. These authors give from five to twenty drops at a dose, or three drams to four ounces of water in teaspoonful doses.

I have taken one-half of a teaspoonful myself, and the burning sensation kept up in the throat for a few minutes, and then passed away. I have used this most important remedy for nearly twenty years, and since the first time I used it, I have never thought of treating typhoid fever nor malarial fever, nor puerperal fever, nor any of the septic fevers where

the sepsis was shown by the dirty brown tongue, and teeth, and bad smelling throat, from whatever cause, without it. I always give it in from ten to twenty drop doses, and sometimes thirty drops in water, every one or two hours and have continued such doses for days.

I treated a patient with peritonitis some years ago who was very dangerously sick, with nothing but veratrum and echinacea and the echinacea in twenty-drop doses every two hours, for days, and the patient made a perfect recovery.

I have given to typhoid patients only nine years old, ten drops in water every two hours. I have not lost any typhoid patients, and it must be a very bad case of great sepsis, if echinacea does not tide him over. No longer than last winter I treated a young woman who had infection during the puerperal period. I gave her twenty drops (in water) of echinacea, and she recovered, although her temperature would go to 104°. During the intermission when the temperature would drop below 100°, I gave the same dose right along. I do not see how the doctor has imagined such unpleasant results.

This remedy has sedative properties or sedative effects only through its power of opposing sepsis, but I have given it to patients with sore throat where there is no fever in good doses and it stimulates secretions and drives out the morbid debris and opens up the many emunctories which carry off the effete material.

In conclusion I would say to the doctor who is doubtful concerning the action of this remedy from reading from some writer who knows nothing about it; secure a preparation of Lloyd's or Merrell's echinacea and give it in doses of from ten to twenty or thirty drops, from one to two hours, and go home and sleep well. This remedy will take care of the patient.

I have written this short paper to convince anyone who is fearful or in doubt

concerning the action of echinacea, of its remarkable properties that are unfailing in their influence, and also to convince the readers of its harmlessness.

PHYSIOLOGIC ACTION OF ECHINACEA

I. V. M. CAIN, M. D.

Noticing in your most valuable Journal an article in regard to the physiological action of echinacea, I have found with some patients that it produces a peculiar sensation, so described by patient. The patients claim that they feel as though they were drunk; there's swimming in the head and flashes of heat all over the body. One patient said she thought she was going to die, and would not take the medicine again until she asked my advice. I advised a continuation of the medicine, but in a reduced dose, of which the first dose was half teaspoonful. I thought it was the effects of the medicine upon the heart, that led up to these conditions.

I have for a long time used this drug in my practice, and I look upon it as one of the best poison eradicators that is used today. I wish to say this, I have great confidence in the medicine as a blood cleanser, and expect to continue the use of it in my practice as long as I get the good result that I have in the past.

I noticed an item on keratitis in the last issue of your most valuable Journal. As a comment, would say from the description given, I would diagnose the case as scrofuloderma. While cutaneous scrofula is very prone to tuberculous and ulcerative complications, we may not have either of the conditions complicating, or again, either one alone, may complicate, therefore changing the general character of scrofuloderma.

In the case spoken of, I believe the ulcerative complication is close to hand, unless the disease is checked, and possibly the tuberculous also. It is useless I consider to describe the symptoms

through the columns of your Journal. It consumes valuable space, when they can be found elsewhere, in a better form than I could give them.

The treatment I shall suggest in this case I believe, will give good results.

Potass. arsenite, liq. .dram $\frac{1}{2}$
Specific phytolacca . .dram $1\frac{1}{2}$
Specific thuja drams 6
Specific echinacea . . .ounce 1
Specific baptisia ounce 1

M. Sig. Teaspoonful in water after meals three times a day If preferred, the following can be used instead of the above, as it is almost the same:

R

Potass. arsenite, liq. .dram $\frac{1}{2}$
Specific phytolacca . .dram 1
Eusoma, p e, q. s. . .ounces 2

M. Sig. Teaspoonful three times a day in water after meals. The above will act as a systemic eradicator of the disease. The kidneys should be looked after carefully.

If the bowels should not act as often as twice a day, give some good saline preparation as often as needed.

Trillium is a remedy that has had a varying experience in our school. I would like to have a full report on this remedy from physicians who have used it. There are several varieties. Let the report be made without regard to the variety. A teaspoonful of fluid extract of trillium eructum, in a glass of water, a teaspoonful every hour, controlled a most persistent case of uterine hemorrhage of the passive, painless type in a woman forty-three years of age, during the menopause.

Salicin is an important remedy which is not used as often as it should be. It is indicated for muscular pains, and for acute attacks of rheumatism, especially if there are sudden flashes of fever.

Therapeutic Facts

SINGLE TRUTHS FROM MANY DOCTORS AND MANY
TRUTHS FROM EACH DOCTOR

Dry Labor

I was recently called to a case of confinement where the membranes had been ruptured for a long time, in fact, the patient was around the house for a half day after the sac was ruptured, before the pains began and the pains had lasted for twenty-four hours when I had arrived. The parts were very hot and irritable; the os was only partly dilated, and was thick and unyielding; the muscular structures were rigid and firm. I immediately put the patient into a hot sitz bath, covered her shoulders and body with warm flannel blankets, and kept her there until she complained of feeling faint—more than twenty minutes—keeping the water as hot as she could bear it all the time. I then put her back into a warm bed, kept her covered warmly until she began to perspire freely. Immediately I put her to bed I introduced as fully as possible into the os, and very freely into the vagina lumps of benzoated lard. This acted as an artificial lubricant.

There was almost immediate relaxation from the bath, the irritation was plainly removed; the erratic and irritable pains left; in fact for half an hour there were little or no pains. The patient dozed a little and felt comfortable. When the pains began they were not so sharp and cutting but were satisfactorily expulsive and increased in force as the head descended and I found that the dilatation had taken place very fast and very fully. The head descended rapidly and as soon as it began to stretch the perineum I applied hot olive oil and then compresses wrung out of hot water. The labor terminated naturally in two

hours after I put the patient into the hot bath. I think this is a more sensible course, if I did do it, than to force dilatation under an anesthetic, as I was taught in college, and deliver with forceps, sewing up all lacerations at once. I would like to have the opinion of the readers on this subject.

CHAS. F. MASON, M. D.

COMMENT.—This course of the doctor's is precisely what I have been writing about on other occasions this summer. I do not decry scientific methods, but because such methods as the above are commonplace, and of domestic utility, they are sneered at altogether too often, by so-called scientific teachers. It is an exhibition of good sense, and clear-headedness on the part of even a scientific teacher, to suggest a simple course like this, when it is pre-eminently a superior course. These are the cases which are turned into surgical cases. There are lacerations, shock and other injuries that leave the patient in a prostrate condition, and require weeks and even months to make a perfect recovery.

Euphrasia Indicated

A patient recently consulted me with the following symptoms. He had come from Turkey, and had been in this country but a few months.

The principal symptoms were distress—tightness—persistent fullness across the face, at the root of the nose, and through the lower frontal region. There was a slight, persistent, dull headache between and just above the orbits. There was snuffling, and a persistent discharge of a watery fluid from the nasal passages, with watery red eyes. He seldom breathed through but one nostril, and occasionally with much difficulty. The condition he says has lasted for seven years off and on.

An examination with reflected light and throat mirrors showed thickening of the post nasal membranes, with elongation of the middle turbinate. There was a right deflection also of the nasal septum.

Casting about for a specific treatment, as he objected to operation, I remembered reading in the THERAPEUTIST, a

suggestion for the use of euphrasia. I hunted it up, and found that the symptoms corresponded with these, exactly.

There was also present a slight disorder of the stomach. I prescribed for these indications, the well-known remedies, and gave in addition five drops of euphrasia every three hours. This remedy was continued for five or six weeks, with an entire disappearance of the nasal symptoms. It was a happy man who came to see me the last time. He said, "Your United States medicine shoots straight all right, all right."

C. F. BURROWS, M. D.

Hoarseness and Croup

I have found bichromate of potassium one grain in four ounces of water, a teaspoonful every two hours, to be an excellent remedy for hoarseness; hoarse bronchial cough and loss of voice with hoarseness. When there is hoarseness with croup, I combine it with small doses of veratrum especially if the pulse is rapid and hard.

L. F. MORSE, M. D.

Echinacea in Infection

In the THERAPEUTIST of August 15th I notice the article of I. E. Layton on the physiological action of echinacea. I am tempted by this to write my own experience with this remedy.

On January 20th last, I became infected from a case I was attending, probably with streptococcic infection. While no microscopical examination was made of my case one was made of the case from which I was infected, which proved the character of the infection.

I began immediately to take a teaspoonful of Lloyd's echinacea. This I took every hour and kept it up night and day for seventy-two hours, and if there was any depressing or unpleasant effect I did not experience it. I have been using echinacea for many years, and in many different kinds of cases and in

doses of all sizes, and have never observed any depressing effect.

I think much of the THERAPEUTIST. This month (August) is a cracker-jack. I hope you will keep up the good work.

THOMAS MACER, M. D.

Action of Echinacea

Dr. I. E. Layton seems to find some new physiological action for echinacea. I have been using this remedy for ten or twelve years and am so impressed with it that I don't want to do without it.

I don't use it for a "cure all," but in all septic conditions it is par excellence. Typhoid conditions disappear with the proper use of it—like fire before water. And I always look for an improvement in the circulation in twenty-four hours.

I have never had an old-time conventional case of typhoid fever since I have been using it. I give thirty to sixty drops every two to four hours, when I am called to a case after sepsis has begun, and have never failed to get beneficial results. I have given two drachm doses every four hours in a few cases of syphilis and have never found anything to be so prompt in removing the low septic condition of that disease.

In chronic post-nasal catarrh of septic character, no remedy has been so efficient as echinacea in my hands—ten drops to a teaspoonful every four hours.

I look for indications and whenever I find blood dyscrasia I use this valuable remedy.

In carbuncle, I use it locally and internally with prompt relief. Have never had any depressive effect from its use.

F. G. THOMASON, M. D.

Metrorrhagia at the Menopause

I have had three cases recently of women at the menopause, who were flowing in an alarming manner, and almost constantly. There was in each case a general relaxation of fiber, a greatly

enlarged soft womb, very thick cervix, and patent os. Two of the cases had been turned over to a surgeon for an operation.

The patients were feeble, although none of them was emaciated. There was lack of tone in every part of the body. They said they were all going to pieces. They were all pale, and had but little appetite and suffered from constipation.

I treated all these cases alike, because the indications were so much alike. I gave them one grain of ergotine, one fourth of a grain of extract of nuxvomica, and one half of a grain of the hydrochlorate of hydrastine at a dose, four times a day. However one of them had pain and to her prescription I added a small dose of conium, as advised by Hale a few years ago. The result of this treatment was as satisfactory as possibly could be wished for. I endeavored to shut off the flow entirely, not even allowing what might be ordinary menstruation, because the cases were all advanced in life and anemic.

With younger women, with symptoms similar to these I have advised the full doses between the menstrual period, and have given it often enough during the periods, to permit about a normal flow.

M. A. HARKNESS, M. D.

Specific Action of Rhus Tox.

I recently had a case of acute skin disease which I was not able to diagnose to my own satisfaction, not having ever seen a case like it. I thought at first it might be herpes. The patient suffered from some fever, and the first day had chilliness. There was a burning sensation on the back, and an examination showed the appearance of areas of inflammation of the skin, varying from the size of a split pea, to the size of a twenty-five cent piece, across the lower part of the shoulder blades extending downward and inward across the loins more especially on the left side. These were very

sharply circumscribed and were very bright scarlet red, slightly raised; but at first there was no apparent change in the appearance of the skin. The inclination to spread rapidly was great. They were painful and very sore to the touch.

The fever and chills caused me to think that the difficulty was constitutional. I have not had a long experience with the use of specific remedies, but the chilliness, with the sharp hard pulse, indicating aconite, I quickly recognized. I then looked up my *Materia Medica* for a remedy for an acute inflammation of the skin in this character, and soon found rhus tox. The tongue indications in this case were not so pronounced, but I gave the remedy, ten drops in four ounces of water; a teaspoonful every hour at first, and later every two hours.

To say that myself and the patient were highly pleased with the results puts it mild. This one case sticks me closer than ever to specific medication. I hope to get onto the whole thing before long.

G. G. WAYMAN, M. D.

Is It Too Strong of Phenic Acid?

On page 263 of ELLINGWOOD'S THERAPEUTIST, I find Dr. McRoberts' formula for pain, consisting principally of magnesium sulphate and phenic acid to be applied externally.

What I wish to know is whether the proportion of phenic acid, six drams, is not too much for the formula and whether it would not cause a great deal of irritation to the skin.

The formula looks good to me, but I think there might be a mistake as to the quantity of phenic acid.

R. F. STRAYER, M. D.

COMMENT.—The authorities quote phenic acid as soluble in twenty parts of water. If that is the case, there is enough fluid here to thoroughly dissolve the acid. If the solution be carefully prepared and kept in stock the phenic acid will probably all dissolve and remain in solution; if prepared extemporaneously and with cold water, much less of the acid should be used, as it would probably not all be dis-

solved before it was applied. I have found twenty minims of phenic acid to be a large quantity to immediately dissolve in a pint of cold water.

Chalk As a Bone Maker

In the making of white flour the wheat is robbed of most of its mineral content which is so necessary for the bones and teeth.

For years I recommended graham and whole wheat bread, but I was unsuccessful in changing the condition of my patients.

In late years I have a better way, I buy lump chalk for three cents per pound. This contains calcium, sodium, magnesium, silica and potassium salts; in fact, it is a good cell-salts mixture.

I fill No. 0 gelatine capsule with powdered lump chalk, and when I have a patient having trouble with his teeth, I prescribe a capsule once daily, and in less than a month he will see the benefit from the treatment.

F. POLLARD, M. D.

For a Cardiac Neurosis with Indigestion

On page 297 of the August THERAPEUTIST is a request from Dr. Carey for diagnosis and treatment of the case which he has on hand. The doctor has given us but a meager description, on which to base a positive diagnosis. I am going to call it indigestion, that most frequent of any one pathological wrong, and I shall prescribe the following. I think the indications for the remedies I prescribe are present in his case. This combination has served me an excellent purpose when similar symptoms have been present.

℞ Specific cactus Dram 1
Specific nux vomica ..Drops 15
Fluid hydrastus Drops 15
Water q. s. Ounces 4

Mix. Take a teaspoonful every two hours.

Take two tablets also of aloin and cascarn compound every three hours till

full effect is produced. They are slow but sure in their influence. After results are obtained, give the tablets only as needed. This will secure success I believe.
H. H. MORGAN, M. D.

Nocturnal Emissions

I would like to know from the readers of this Journal what is the most direct method they adopt in the treatment of that stubborn condition which we find so frequently in young men, nocturnal emissions.

Usually these patients worry a great deal about the condition. It is useless for the physician to tell them, that if they are in good health otherwise, and are devoid of bad habits, that an emission once in from twenty to thirty days will do no harm. Their acute imagination finds a great many symptoms which they attribute to this, and which they believe to be serious, if not actually dangerous. We ought to find a reliable specific for this condition; first, when it occurs in full strength, and second, when it occurs from weakness.

I wish the readers of this journal would respond freely to my request in this matter.

F. L. FORBES, M. D.

Indications for Acids

During the course of typhoid fever it is very common to find dark mucous membranes of the mouth, thin pointed tongue, dark, dry, and coated with a dirty dry coat. We have long learned to look upon these cases as being deficient within the system, in acids, and examination finds an excess of alkalinity in the blood.

In scurvy and in purpura some of these symptoms are also found, and it is determined that in all of these cases germs are present in great abundance.

These symptoms with us point directly to acids. I give hydrochloric acid freely, at the same time I give lemonade and

other acid fruit juices in abundance. If there is special need for nerve tonic I give phosphoric acid. In one case of these symptoms I had extreme mania and insomnia, and for this I gave hydrobromic acid. Acids every time with these indications. In every case the results were simply perfect. I believe this is due not only to the fact that the acids are deficient in the system, but that germs are readily destroyed in acid fluids; they cannot thrive in an acid medium.

A. G. NORTH, M. D.

Chyluria

I had a recent case of this disorder which it took me quite a little time to recognize, as it was the first case I had ever seen. Not having experience to help me decide as to a cure I looked up the authorities and in a back number of your journal I found a recommendation for gallic acid and thymol. I gave gallic acid ten grains four times a day, and thymol alternately every two hours. There was gradual relief and ultimate complete cure, but it took a little more time than I expected. Would it not be a good plan for others to write up for the THERAPEUTIST, their treatment of this disease? I find that thymol has been given in very large doses, but I believe that one grain of thymol in solution will be sufficient in most of these cases.

C. F. MORTON, M. D.

Menstruation and Exophthalmic Goitre

About a year ago I published an article from Dr. Trowbridge, stating that he had made an observation that exophthalmic goiter is nearly always accompanied with irregular menstruation. Pinard, writing in the *Annals of Gynecology of Paris*, now claims to have made a similar observation. Where this function was at fault when the disease appeared, the disease has disappeared when the function was corrected.

Charcot made the same observation and claimed that improvement followed a successful effort to regulate the menses. One case developed before menstruation appeared, and subsided when menstruation became regular. Later, when amenorrhea occurred, it returned and continued until the patient became pregnant when it subsided again. In another case it appeared after amenorrhea became established and continued for several years until the functions became restored, it became normal, when the exophthalmic condition disappeared.

In these cases pregnancy seemed to be a favorable influence. One family is recorded where every female member of the family in three generations showed some signs of exophthalmic goiter before puberty. The condition disappeared with the regular appearance of the menses. The author believes that those cases which are aggravated by pregnancy are influenced by autointoxication, with severe vomiting, and if these conditions can be eliminated the danger is much less.

In persistent cases of urticaria fifteen drops of strophanthus given during the day has produced a satisfactory cure.

In nocturnal emissions without erection, make a solution of one grain of strychnine in two ounces of dilute phosphoric acid, and give twenty-five drops after each meal. If the emissions occur with erection, and considerable excitability, twenty drops of hydrobromic acid, or twenty grains of the bromide of soda with ten drops of ergot at bed time.

In the homeopathic provings of *lycopodium*, Dr. Kent has discovered that high potencies of this remedy will cure the idiosyncrasy some people have against oysters, making it possible for them to eat oysters and enjoy them as others do.

Ellingwood's Therapeutist

A monthly journal devoted to the study of the most direct action of drugs upon exact conditions of disease; issued on the 15th of each month.

Edited and published by FINLEY ELLINGWOOD, M. D., 100 State Street, Chicago.

Subscriptions, \$1.00 per year in advance and One Therapeutic Fact, which should be sent with the subscription.

Editorials

As I have frequently asserted this journal is published, not for the Editor, but for the Doctor—for the individual subscriber—and for every one of these, THE FACTS, must come from them. It is a positive part of your obligation, Doctor, that you furnish at least one fact with each year's dollar you send me.

I must have Your Fact now. If I can secure within the next 60 days, two hundred only, of these practical facts, I can plan a journal for the coming year that will be a delight indeed, to the heart of every doctor.

Every reader must at once charge his mind with his own personal responsibility, in co-operating with me actively, in the important work I am trying to do, in collecting for, and giving to the profession the most correct truths, the most positive, exact, absolutely dependable facts, known today in the application of drugs to the cure of disease.

* * *

I find it necessary to frequently repeat what I have said before.

The entire object of this journal is the determination of exact therapeutics. It must be a journal of close study, of careful study, of persistent, exact, precise and clinical study, and its record of such studies must be carefully made, and must necessarily include a record of research and observation made by every subscriber.

Every practitioner, as I have constantly said, has made individual observations. Some of these are of great value, and yet he is keeping them to himself. They must be given to the total profession. I am endeavoring to draw these out. Every doctor must send them out. We must have these facts for all. The truth from all, for all, to all, without regard to the creed of the individual, is our creed.

A HURRY UP ABOUT THE "FACT"

The readers of this Journal are getting careless about the Fact. Not one-half of the subscribers have "paid up" on the Fact. That it is a part of their subscription they forget that it is long over due. I must have it.

I want it right away in order to lay my plans for the coming year. If I get but three hundred items ahead in the next two months, I shall plan the course of this Journal for the coming year, in a way that will outstrip the practical arrangement, I think, of any Medical Journal published during the year. So much more can be done if we arrange ahead.

* * *

Doctor, have you ever had in your life any striking experiences; I mean not only thrilling, startling or dangerous experiences, but deeply interested ones, or exceedingly humorous experiences? These need not be in professional life. I would like to collect a series of these experiences to put together in a little volume for the future and if you will write such an experience for me, if I can use it, I will present you with a copy of the volume for yourself and one for some friend besides. If I cannot use these experiences I will return them.

THEORIZING

Strange it is when we consider the worshipful spirit of the "Faculty" that the profession has not followed the teachings of the Fathers. Prevailing in every branch of the Science of Medicine in its upward course during the past decades has been the practice of Theorizing—theorizing—theorizing. Then when the whole body has blindly accepted some theory the effort—the struggle made—to reconcile results in demonstration and practice, to that theory, has been something startling. Old Areolus Theophrastus Bombastus Von Hoenheim, the revered and honored Paracelsus, established

as one of his first principles in medicine the following: "Practice must not proceed from theory, but theory must proceed from practice." Strange, indeed, that the old man should have made such a mistake. According to present methods he had the cart before the horse. He was altogether too eminently practical for the "lights" in the profession of today. He certainly had much to learn to attain to the superiority of the present "lights."

TRUSTING TOO MUCH TO MEMORY

I am more and more convinced that doctors trust too much to their memory. It is a very foolish idea that the young physician is apt to have, that if a patient sees him consult a book, concerning his or her condition, it is a proof of his ignorance. We must get ourselves out of this notion. Then there will be no trouble to get patients out of the notion, too.

I had a striking lesson in that on two occasions when I was quite young in the profession. I was confident that I would lose my reputation forever if a patient ever saw me looking inside of a book.

I had occasion to consult a very learned judge on what I thought was a very simple legal question. I went into his private office—into his august presence—with considerable fear. He was a very silent man and remained standing while I stated my case to him. After the case was stated he remained for a few minutes as if absorbed in thought, then he went to his library and took down one book after another with not a word to me, continuing for perhaps fifteen minutes. He then came back and in a very few words stated both his own opinion and the opinion of the authorities he had consulted. He charged *me one dollar* for the opinion, but it was final and conclusive.

For a chronic injury to the shoulder-joint I did not consult my authorities.

The case was very obscure at best and it was impossible for me to come to a conclusion. I asked the patient to go with me, as he did, to a celebrated surgeon. Looking the case over he remarked: "This is, indeed, an obscure case." He then took down some authorities and among them, a clinical work that gave exact data, and then opening the book by the side of the patient he compared the data from the book with those he found, by the most minute and careful comparison and finally arrived at a positive correct conclusion.

There are certainly experiences that occur frequently with us, that make an impression that is not readily brought out. Those leading impressions remaining, become firmly fixed in our minds and ultimately guide us. Very many times with these, we have conjoint experiences which materially improve on the results attained by those measures, which we remember. From only occasional use these pass from our minds, we forget them, and if no record is made of them we may never use them again. In this we lose forever some very valuable personal experiences. We lose them for ourselves, and we lose them for others.

To retain these valuable experiences, and to give each patient the benefit of them, it is almost imperative upon us, that *we record these cases* in a way that we can get to them when we want them, and that we do not hesitate to hunt them up when we want to use them. If we would have a record that we would continue for each definite condition; a record of our own experiences in its specific treatment, as well as a record of the experiences of others to which we can turn quickly, and if necessary, in the presence of the patient, and obtain suggestions that will lead us to a more correct diagnosis and a more correct treatment of the case, we would obtain much better results, and this

course would soon convince the patient not of our ignorance, but of our willingness to give them the very best that is known up-to-date.

It will be no trouble whatever, to educate the patient that there is too much known today for one mind to remember. There are too many valuable observations made to be retained, and that we can, by referring to the records we have carefully made, give to our patients not only the benefits of our own experience by the benefits of equally valuable experiences from other careful observers.

MACROTYS IN CHOREA

Macrotys is especially adapted to that class of cases of chorea in which the conditions favorable to rheumatism are present, especially muscular rheumatism, which affect the muscles alone in the case in hand. So successful is this remedy in this class of cases that it is used in every case. There have been beneficial results in all cases, and in some cases it is quickly curative. Results where the rheumatic symptoms are not pronounced, but without doubt the cause is at work upon the nerves and muscles. Some cases are cured with small doses, but with most it is necessary to use the remedy to its full physiological effect.

STOOL OF THE NEWLY BORN

The stool of the newly born babe has been the subject of observation and of discussion for years. The common teaching is that in a period of from three to five days the meconium gives way to an orange yellow stool of uniform semi-fluid consistency, and that this is normal, and that any variation from this, indicates disturbance of digestion.

Southworth of New York disagrees with this opinion. From the statistics of fifty infants, he found the orange yellow semi-solid stool in the majority of the cases appears later than usually stated. Furthermore, in conditions of

perfect health, he found a considerable variation in the appearance, character and color of the stools, during which time in each case, the infants continued to gain in weight. He concludes that the condition of the bowels was not to be relied upon as an index of faulty digestion, but believes there may be much variation, with no influence upon the health of the individual.

SOME OF THE OLD COMPOUNDS OF LOBELIA

Among our older physicians, and away back among the fathers of the school, lobelia was perhaps the most important of all the remedies. Those were the days before specific medication had developed and compounds were very generally used.

From Bulletin No. 11 of the Lloyd Library recently published, I produce the following compounds. Some of these compounds are still used, and if it were not for the objectionable taste of those which must be given internally, it would be difficult to find a superior to some of them, especially to the tincture of lobelia and capsicum compound.

"Fluid Extract of Lobelia Compound.—Blood root, skunk cabbage root, lobelia herb, of each four ounces. Make a fluid extract in the usual manner. An emetic, expectorant and antispasmodic. Used as a substitute for acetated tincture of blood root. Dose, from 10 to 60 minims.—Am. Disp.

Liniment of Lobelia.—Stew the seeds of lobelia inflata in animal oil. This is used to relax rigid muscles and contracted limbs by rubbing it in the skin.—Western Medical Reformer, 1837, p. 206.

Liniment of Stillingia, Compound.—Oil of stillingia, one fluid ounce; oil of cajeput, half a fluid ounce; oil of lobelia, two fluid drachms; alcohol, two fluid ounces; mix them together. Used in chronic asthma, croup, spasmodic diseases of the throat and lungs. Apply to

the parts affected and take a few drops internally on a lump of sugar.—(Am. Disp.) The lobelia, we think, is the chief constituent.—L.

Powder of Lobelia, Compound.—Lobelia, six drachms; blood root, and skunk cabbage, of each, three drachms; ipecac, four drachms; capsicum in powder, one drachm; mix the mtogether. Used in all cases where an emetic is indicated. It causes vomiting, easily and promptly without cramps or excessive prostration. Dose, half a drachm every fifteen minutes in an infusion of boneset, until two drachms have been taken, or the patient vomits.—Am. Disp.

Tincture of Lobelia and Capsicum, Compound. (King's Expectorant.)—Lobelia, capsicum and skunk cabbage, of each, two ounces; diluted alcohol, a sufficient quantity to make two pints of tincture by percolation. This tincture is a powerful antispasmodic and relaxant. Used in cramps, spasms, convulsions, tetanus, etc. Dose, half a teaspoonful as the case may require.—Am. Disp.

Tincture of Lobelia Herb.—Bruise fresh lobelia, press firmly into a jar, cover with alcohol, after a few days strain and press. To each quart add one ounce of essence of sassafras. Used as an emetic, and for external application to wounds, bruises, inflammations, ulcers, eruptions, etc. Dose, one to ten teaspoonfuls.—(Improved System Botanic Medicine, 1832. p. 384.) The original tincture of lobelia. Dose, now considered heroic.

Tincture of Lobelia, Compound. (King's Expectorant.)—Lobelia, blood root, skunk cabbage, wild ginger and pleurisy root, each in moderately fine powder one part; water, sixteen parts; alcohol, forty-eight parts; make a tincture in the usual manner. An excellent remedy for children and infants. Used as an expectorant, as a nauseant in coughs, in asthma, and where expectorants are indicated.—Am. Disp.

SCARLET FEVER

Concerning scarlet fever I have frequently made the statement that a very mild exanthem must receive the same attention as those cases in which it is extreme; that no case must be overlooked; that the contagion from the mild case may induce cases of the severest type, or that cases of a severe type may be followed in a single individual who possesses a degree of immunity, but a mild appearance of the disease.

I have observed cases that were claimed to be mild cases of diphtheria, and those which had apparently a simple form of follicular tonsillitis, accompanied with a mild rash, and on exposure these conveyed clear, definite cases of scarlet fever.

In yet other cases the eruption has resembled roetheln, or ordinary measles, and yet has been proven to be definite cases of scarlet fever. A mistake in the diagnosis is apt to be made, as the patient has been known to have previously had an attack of scarlet fever. But there is no doubt that an individual may have a typically developed case of scarlet fever two, or even three times, in rare cases.

All these facts were recently discussed with exactly these conclusions at the meeting of the American Pediatric Society in Lenox, Mass. It was also noted that the strawberry tongue is occasionally absent and the characteristic desquamation may not occur.

COAL TAR DERIVATIVES

In line with the caution that this Journal has constantly given against the use of the Coal Tar products, the Bureau of Chemistry has issued a statement concerning these important synthetic preparations showing the danger there is in their use.

This is indeed very wise. We not only discovered the danger that was in their use, more than twenty years ago,

but we also discovered that it would be impossible, because of their erratic influence, to ever give them a fixed place among rational medicine. The most of them have been foisted upon the profession of this country by German manufacturers. They are proprietary medicines and many of them are sold at an exorbitant price.

The Bureau, in collecting statistics, has found that nine hundred physicians observed more than eight hundred cases of poisoning. I am confident that but few physicians have ever used these remedies without observing toxic influences. I have advised exalgin for chorea, and have noticed my little patient gradually increasing in pallor while the choreic symptoms abated. I no longer advised it, although it is mentioned in my literature.

ANTIQUITY OF SOME OF OUR DRUGS

In line with our complaint against the synthetic remedies comes from noted authorities an important justification of the use of plant drugs. Notwithstanding the old school are very slow in appropriating any new drug of this character the old ones deserve more confidence.

Sir William Gowers in his second series of lectures on the nervous system introduces the following statement: "We smile at the popular herbal remedies. But it is to these that we owe the majority of our most useful drugs. I cannot conceive a therapist surveying a list of the chief drugs on which we depend in our daily work—and do not depend in vain—without a sense of wonder and perhaps of humiliation.

We disinfect our rooms with burning sulphur; and so men did before the time of Homer. We purge sometimes with rhubarb, especially when some subsequent astringent influence is desirable, and so did the old Arabians for the same special reason. The value of castor oil

in its chief use was familiar, probably for ages, to the natives of the East and of the West Indies before it was made known in Europe by a physician from Antigua one hundred and fifty years ago.

Aloes was employed in the same way long before the time of Dioscorides and Pliny. The knowledge of the influence of ergot in parturition we owe to the peasants of Germany, and the use of male-fern for tapeworm goes back to the old Greeks and Romans.

LOCAL ANESTHESIA

I am inclined to think that it is the duty of the profession to pay more attention to local anesthesia. The eminent advantage of this measure has appealed to every surgeon, but because of the danger in the use of most of the local anesthetics, and because of the disregard, I think, of the danger of general anesthetics which are usually more convenient, this method has not received the attention recently that it should receive. I believe we will find local anesthetics that will be sufficient not only for minor cases, but for many major operations with comparatively little danger, and this we should certainly look for.

Dilute half an ounce of the distilled extract of witch hazel with as much water, and in this dissolve ten grains of menthol. Apply this freely to burns for the relief of pain. The relief is immediate and can be sustained by keeping the cloth wet in the preparation. It also controls developing inflammation, and other measures used as dressing subsequently, such as bismuth and lanolin ointment, will prevent the formation of the excess of scar tissue.

One-twentieth of a grain of apomorphia hypodermically, sobered a "crazy drunken" man in a few minutes.

A COMPARISON OF ERUPTIVE FEVERS

DISEASE	INCUBATION PERIOD	MODE OF ONSET	ERUPTION APPEARS	CHARACTER OF ERUPTION	ERUPTION DISAPPEARS	HOW LONG CONTAGIOUS
Scarlatina (Scarlet Fever)	2-4 days	Sudden; often at night; vomiting; sore throat; high fever; in severe cases convulsions; conjunctivæ unaffected	End of 1st or during 2nd day; on chest and neck first	Dusky or light-red; often diffused; consists of numerous red points which coalesce to form a flush	In 3 to 5 days; first where it appeared first; generally copious desquamation, in shreds of clothing, etc., not well disinfecting	So long as desquamation, ear discharge or abscess present; danger indefinitely in clothing, etc., not well disinfecting
Rubeola (Measles; Morbilli)	8-10 days	Rather sudden catarrhal symptoms, particularly of the eyes; moderate fever		Red dots like flea bites; crescentic; thickly about mouth and forehead.	In about 4 days	For a week or more after eruption
Rubella (Rubella; German Measles)	2-3 weeks	Gradual; fever slight or wanting.	Usually first symptom; on face, forehead, and behind ears	Like rubella, but less distinct	In 4 to 6 days, without desquamation	Unknown
Varicella (Smallpox)	Usually 10 to 14 days	Sudden; chill; high fever; headache; pain in loins, etc.	3rd or 4th day: fully formed pustules on 6th to 9th day	Red spots becoming successively papules, vesicles, and pustules	Desiccation at end of 2nd week; crusts slowly separate, leaving pits	So long as scab forms; indefinitely in fomites, etc.
Varioloid (Modified Smallpox)	10-14 days	Sudden; chill; high fever; headache; pain in loins, etc.	3rd or 4th day on face, scalp, and arms; fully formed pustules on 6th to 9th day	Like variola, but less distinct	Vesicles dry up on 5th to 9th day of disease, without suppuration	So long as crusts remain; indefinitely in fomites, etc.
Varicella (Chickenpox)	Usually about 3 weeks	Sudden; slight symptoms; sometimes none.	Within 24 hours; often in successive crops.	Pink papules, becoming vesicles; first about nose.	In 3 or 4 days, drying up without suppuration	Till shedding of dried crusts
Typhoid Fever (Typhus Abdominalis)	10-14 days	Gradual; sometimes sudden	7th to 14th day	Pink spots; few in number	Variable and recurrent	Throughout disease; danger in stools

—Manual of Therapeutics.

EDITORIAL BREVITIES

BACTERIA IN THE URINE may be found present in typhoid fever if the urine is of alkaline reaction, but if the urine is kept acid, and is frequently passed, the bacteria do not develop.

A number of experiments made by Dr. Abt of Chicago to determine which of the common CATHARTICS was the least irritating to children, proved that calomel was the most irritating, and castor oil the least.

Attention must be paid to the possibilities of ACUTE DILATATION OF THE STOMACH following surgical operations, as death may occur from this cause. A number of cases have been observed. Diagnosis is not difficult. Vomiting usually comes on ten or twelve hours after the operation. The fluids from the stomach welling up or regurgitating. The condition must be promptly treated or the mortality is high.

RADIUM AS A THERAPEUTIC AGENT is gradually growing in its known influences. A writer in the *Berlin Wochenschrift* claims that it has a remarkable influence in dissolving the urates in the blood. It seems to have a direct action, he says, on the sodium urates which is so common in rheumatic and gouty patients. This may yet prove to be an important observation.

In the high altitudes of South America a disease has been recognized which is called PUNA. It is caused by the influence of diminishing atmospheric pressure with cold winds. The symptoms are great depression and sickness, vomiting, difficult breathing, some hemorrhages, dry throat with accumulation of phlegm mixed with blood. The distress is increased when the patient lies down. The condition comes on suddenly and may result fatally.

It must be borne in mind that INSUFFICIENCY OF THE AORTIC VALVE, and regurgitation, may be present, with an absence of the characteristic diastolic murmur. A French writer claims that in every case where this continues, especially in children, there is a peculiar dome-shaped protuberance on the chest wall, over the apex. This should be remembered, as it is an important fact if true.

Concerning the CHRISTIAN SCIENCE MOVEMENT, at a dinner given by the Rhode Island Medical Society, the Rev. Dr. Berle of Boston said: "This movement is one of the greatest menaces that this generation has to contend with." He said "it is undermining the soundness of thought of this generation, of which the next generation will reap the harvest." He said "all members of the medical profession ought to speak out against it, and not to be deterred by the cry that they are speaking for their pocket's sake."

From its mild influence on the stomach I am convinced that the BROMIDE OF STRONTIUM is a better remedy for epilepsy than the other bromides. Its bromide equivalent is equally large and the base is very much milder in its influence on general conditions. It improves to a certain extent the general mental condition of the patient while the other bromide seems to blunt the patient intellectually. It may be given in doses beginning about the same as the potassium bromide and gradually increasing.

More and more stress is being laid upon the THOROUGH WASHING OUT OF THE COLON. The best observers conclude that nothing is gained by the use of a long flexible tube, as it is often impossible to prevent its curving on itself and becoming kinked, when passing from the rectum into the sigmoid. More satisfactory results are obtained from a tube of rather

large caliber by not above six or seven inches in length. I am confident that careful colonic flushing in infants with bowel irregularities is of eminent value.

CARDIAC EPILEPSY is a condition not commonly recognized. There are a number of cases of epilepsy which present cardiac neuroses. In some cases the epileptic condition includes the heart muscle as well as other muscular structures. In some cases the spasms of angina will follow the general epileptic condition. There is no doubt that in a number of these cases the condition of the heart is to blame for the epilepsy, and the probabilities are, that if the heart condition can be entirely overcome there would be no convulsions.

The Australian government has been treating their cases of CRETINISM WITH THYROID EXTRACT. More than a thousand patients have thus been treated with satisfactory results. Nearly one half of the cases have been materially benefited, and only eight per cent showed no benefit. In nearly every case those individuals who were dwarfed, have rapidly increased in height. A remarkable observation, was that the dwarfs grew taller even when from twenty to twenty-six years of age, as if the growing power had been held in reserve, and was released by the influence of the thyroid extract.

SPECIFIC DIAGNOSIS AND SPECIFIC MEDICATION

The original work by this title Dr. J.M. Scudder gave to the profession nearly forty years ago. This book had a larger sale than any other book in our school. It made the first presentation of our method of medication. Dr. John W. Fife of New York has taken up the same subject and has written a work with the same title which is published by the Scudder Bros. Co., and will be ready for delivery about October 1st. I have not seen

the advance sheets of this book but I am informed that it will equal the work of Dr. Scudder, with the additional attraction at this time, that it is brought strictly up to date. The Eclectic Review of New York says, "in chapter one, normal life is interestingly considered." This is followed by a chapter on the cultivation of the senses as a means of diagnosis. Chapter 3 briefly considers disease as a method of life, clearly showing that it is the actual life of the sick. This is followed by a valuable chapter, covering about twenty-five pages, on the classification of diseases. Chapter 5 is devoted to various methods of diagnosis, and is followed by a chapter on diagnosis from a physiological standard, in which the various functions of the body are examined and their departure from health explained. This chapter covers sixteen pages, and precedes one on the diagnosis of disease by the sense of sight, which considers all diseases that can be determined by the eye. This is followed by an equally instructive one of thirty-five pages on diagnosis by the senses of hearing and touch. Chapters then follow covering all means of diagnosis, including a very full, detailed and practical one on the examination of the urine in all abnormal states.

Part two opens with a terse chapter on the theory and practice of specific medication, and is followed by one on the study of specific therapeutics. The remaining portion of the book is devoted to the therapeutics of remedies employed by the Eclectic school of medicine.

Bursa pastoris, five drops of the tincture four times a day, cured a persistent case of hematuria after a number of other well-known remedies had failed. That this remedy will cure certain cases I have no doubt, but I have not been able to find a specific indication for its use. I have failed with it where I finally succeeded with other remedies.

IRIS VERSICOLOR

In a valuable series of articles on the "Medical Resources of Southern California," by Dr. O. S. Laws, published in the California Eclectic Medical Journal, iris versicolor is referred to as follows:

"I shall now call attention to iris versicolor that I find here, and have it growing on my lot and prepare a tincture of it. It is one of the plants that you can depend on as a single remedy. I had never used it as a single remedy until about twenty-four years ago when I had a case of eczema that had made annual attacks for about nine years, and had been treated by that many doctors with no apparent benefit. Each attack lasted about six months and each was worse than the preceding one. The victim was a woman of fifty years, and it began on her ankle and gradually spread until it covered her entire body. It was a distressing condition and by far the worst case of the kind I have ever seen.

It was at about the height of its annual cycle when I was called—her clothing fairly glued to her body and itching intolerably. From the history the prognosis was gloomy and unhelpful, but I took the case and trusted to Providence for the outcome. For several days my efforts did no good, but the E. M. Journal came and a short article on iris by J. M. Scudder made me think that was the remedy needed. Luckily I found some in town made by some St. Louis firm. Everything else was set aside and iris in five-drop doses was given every two hours in daytime and a lotion with from two to twenty-five per cent of iris in warm water was applied to the skin and controlled the itching fairly well.

Improvement set in at once and recovery was rapid. No compound on earth could have done better and I doubt there being another remedy for that particular case. Since then I have treated milder

cases with good results, but some not so prompt in getting relief. I think of iris in all cutaneous disease. I do not know if it will cure a case of goiter, but it will reduce the gland some and prevent enlargement if taken regularly for a considerable time.

I have found it a specific in syphilis and seldom use anything else internally in that disease and never have any tertiary stage follow in cases thus treated from the start. No iodide of potash is needed to help it out. Simply push it to a mild cathartic effect for a few days and then reduce it so as to keep the bowels free. My experience has been extensive in this line of work and no failures. I have also treated some cases of so-called tertiary syphilis and gave iris as the internal remedy.

PAROXYSMAL TACHYCARDIA

We have as yet no specific for the relief of these paroxysms, although a number of our remedies are beneficial. A physician who has been a sufferer from this malady for many years, tells, in the *Journal of the American Medical Association*, how he discovered a means of relief. His statement is as follows:

In my earlier life the paroxysms averaged about one a month, but, for the past twenty years, about once a week. Their duration has varied from a few minutes to twenty-four hours, the heart beat rising from 72 to from 140 to 200 a minute, attended by a diminished blood pressure, and such a feeling of languor and exhaustion as to render mental relief from every available source.

The long sought heart remedies had been tried in vain. The most reliable authors had been read and the most eminent of our profession consulted, but no relief found.

The advice most generally given, and that which was most in accord with the natural feelings during such attacks was to seek rest—rest of body and mind—as

complete as possible, not only to favor a cessation of the paroxysm, but to avoid the danger of cardiac paralysis, which might result from exercise.

This advice I had followed, so far as practicable, all my life (and I am now 64 years of age), until I found, by accident, that it was a mistake. On July 14, 1908, during one of these paroxysms, while going in some haste to make a professional call, I discovered that, unless I ran, I would fail to catch a street car. Notwithstanding the feeling of weakness, and also of danger, I made the run of about one city block and jumped on the car. To my great surprise and delight I felt the sudden pang (which is sometimes experienced) indicating the end of the paroxysm.

Now, as the attack had been continuing for two or three hours previously, I was not sure but that it might have stopped had I not taken this active exercise, but the influence was so strong as to cause the determination to try the effect of running in the next attack that might occur. In due time the paroxysm returned and I immediately started out on the street in a very rapid walk—almost a run—and when I made the circuit of one block the heart beat dropped down to the normal.

I repeated this "treatment" in recurring attacks, and always with uniform success, although, on some occasion, I was compelled to make the second circuit around the block. But I learned an improvement on this mode of exercise. Instead of walking or running on the street, which was sometimes an awkward performance, I remained in my office or study and obtained the exercise of springing upward from the floor like a girl skipping the rope. This I found more effective than running. On the occurrence of a paroxysm by actively performing this exercise the average time of its continuance is one minute. Usually, after from 60 to 100 of these

upward springs from the floor, there is a cessation of the paroxysm.

In a few instances the exercise has been required to be repeated, at intervals, for five minutes. It is simply the producing of a sufficient volume of blood in the heart to overcome the nerve tangle which is the cause of the trouble. Now, as I have followed this practice with invariable success, for almost an entire year, and covering about fifty attacks, I feel safe in giving it to the profession as a remedy.

CARDIOSPASM

Cardiospasm is a condition frequently overlooked. Although the pain is great, it is attributed to other causes. I have had an experience in the treatment of these cases which I consider very valuable, as they are most difficult to manage. When the condition becomes chronic, it is indeed very serious, and the prognosis is not good. A German writer makes the following statements concerning the diet and care of these patients: "Psychic influences are important in treatment; the patient must be tranquilized and taught to practice swallowing movements before meals, as this helps in relaxing the cardia.

"Diversion during the meal, change of the meal hours and change of environment will sometimes help to cure. One of his patients was freed from the spasm when he ate alone in his room. The moment anyone looked at him while he was eating the spasm recurred. Regulation of the diet is important; some patients do better with solid foods and others with fluid.

"A tablespoonful of pure olive oil before the meal in some cases prevents the contraction. Instead of the pure olive oil, a mayonnaise of oil and eggs is sometimes taken with less repugnance. The food must be soft and prepared with a great deal of butter or cream. Sedatives may do good in the mild cases, especially belladonna.

"In the chronic cases the accumulated mucus and debris must be thoroughly washed out, with, possibly, instrumental dilatation of the cardia. He has treated a patient in this way, with an inflatable bag, with excellent results, but this treatment has to be repeated now and then as no instance of a permanent cure by this means has been reported.

"Dilatation through the opening in the stomach has been successfully done in 12 cases on record."

APPENDICITIS

Little by little the total profession is wheeling into line concerning the fact that there is too much surgery, and too little medicine in the treatment of appendicitis. They are realizing that the opinion that has been urged upon the profession that all cases must be operated on early, has worked disastrously in many cases. It has caused other bowel inflammations to be diagnosed as appendicitis, because the attending physician or surgeon did not have the stamina to face public opinion and treat the inflammation with medicine. He did not dare to take the time to determine whether it was appendicitis or some other form of intestinal inflammation, or nothing but a neurosis.

Dr. Andrews in the *Medical Summary* has dared to put the thing in a reasonable light in a recent editorial. He says as follows, which comes very nearly voicing my sentiments and I am sure that many of my readers believe as I do. I say operate when necessary, but know it is necessary, and operate at no other time.

We have had a good deal to say in times past about this sort of foolishness. We have dealt with the subject in a spirit of sarcasm, humor, and invective. We have also tried to good naturedly point out the uselessness of so much belly-flipping; such a big hunt and such small game—not taking into account the

fee. The appendix gets into a catarrhal state frequently; so do the colon, ileum and other portions of the intestines. But the little insignificant appendix comes in for more than its share of spite. There is no compromise with it; it must be chopped out. No other inflamed or deranged organ or member is so ruthlessly hewn down. Only a limited number of cases of so-called cases of appendicitis get past the catarrhal stage; a suppurating and sloughing appendix is a *rara avis*.

Erudite surgeons say it is best to remove it; whether well or diseased it might suppurate. This is about like the stage comedian who pours out a volley of burlesque abuse upon his companion. The latter says: "Why, I never said a word." The first speaker then responds: "Well, you are liable to say something any time." The appendix is likely to suppurate; the great toe is also likely to rot off. Neither seldom happens.

Inflammation *per se*, of the appendix, is not an operable affection any more than inflammation in any other region, notwithstanding the oft heard bray of the medical ass that there is no non-surgical treatment for the affection.

Fortunately the surgeon has a dessicated conscience and a penchant for big fees is now growing less in evidence. The appendicitis graft is on the wane. We hope that in time nervous people may be able to safely complain of a pain below the waist line without endangering themselves as prospective victims of the appendix hunter. Tubfuls and basketfuls of healthy appendices have been sacrificed the past decade or so. No one can calculate the number of lives that have gone out as a contribution to surgical ambition, ignorance, and greed.

Medical men are getting over this obsession, this mad delusion, that every pain in the right iliac region is a case for the man with a big knife. Operable cases of appendicitis will always exist,

but operations are destined to grow fewer in numbers from this on.

It has been overworked, and the game has fallen into bad repute. Conservatism along this line will prevail in the future. Incidentally is it the least wonder that people turn in self-defense to Christian Science and the various cults?

APPETITE AND THE FOOD

Sternberg in a recent article makes some very important observations concerning the appetite and the use of food that pleases the palate, as well as prepared foods. He makes some great mistakes, however, concerning the action of medicine increasing the appetite.

He protests against the serious mistake of regarding food exclusively from the standpoint of the chemist. (*Journal Am. Med. Assn.*) This one-sided view leaves out of account all the important reflex processes started by the senses of smell and taste. Drugs and food, he declares, should be regarded from entirely different standpoints.

Food that pleases the palate stimulates the appetite. Not one of the artificial foods on the market is able to arouse the appetite and make the patient want to eat. These artificial foods should, therefore, be rejected on principle. If they were really so valuable a mode of nourishment as the manufacturers proclaim, they would be better adapted for the well than for the sick, as the well do not need so much to have their appetite coaxed. He adds that all drugs almost without exception, destroy the appetite.

Among the numerous preparations there is scarcely one which stimulates the appetite; many of them even cause nausea and vomiting or at least depress the appetite. He adds that these views have the most important consequences for medical practice; the general practitioner obtains entirely new standpoints in regard to all substances used as additions to food, not in themselves essen-

tial, such as condiments, tobacco, spirits, etc. The question of abstinence for the sick and the well thus assumes an entirely different aspect.

Cleanings

SIGNIFICANCE OF ABDOMINAL TENDERNESSE

Tenderness is one of our most important links of evidence in the diagnosis of the various chronic affections of the abdominal viscera. The character, location, and limitation of area of tenderness assists us in telling which organ is affected, while the degree of tenderness is of great assistance in forming an opinion as to the extent of such disease.

Tenderness is a symptom of special importance in three of the common causes of chronic dyspepsia in adults, namely: Diseases of the gall bladder and ducts, ulcer of the stomach or duodenum, and chronic appendicitis.

Whenever a patient presents dyspeptic symptoms, a careful palpation should be made of the abdomen to determine not only the points of tenderness, but the area which is free from such symptoms. In other words, be sure of the normal as well as of the abnormal condition.

Just a word might not be out of place as to the method of determining tender points. The patient should be in a horizontal position with clothing free from the waist. If it is believed that a certain point is tender or the patient calls attention to some special point, it is far better to go over the abdomen systematically, beginning at some other portion and gradually coming to the part which is supposed to be tender, at first using very gentle pressure, and later, after gaining the confidence of the patient, try deeper pressure, for it is well to know whether tenderness is elicited only upon superficial or upon deep pressure.

We must not always be too well satisfied, either, with the patient's statements, for often he wants to deceive both himself and the doctor as to the true condition.

In addition to noting the tenderness as told by the patient, we should notice very carefully his expression and general behavior.

Spasm of the muscles and rigidity are also often involuntary answers to our questions as to tenderness. In searching for tenderness and giving it its proper place among the symptoms elicited, the personal factor must have consideration.

A neurotic woman or a patient who is shamming may scream before he is touched, while, on the other hand, a stoical, laboring man may give no sign of pain with pressure over a severely inflamed organ. We must also take into consideration the state of the patient's mind, as it makes a great difference whether he wishes to be tender or not over that particular point. In quite a large proportion of adults with dyspepsia, tenderness will be found in one of three places, namely, over the stomach, the gall bladder and ducts, or near McBurney's point. The tenderness over the stomach may be due to a nervous condition, but usually it means that there is something inflamed under that point.

In chronic gastritis there may be considerable tenderness distributed over the stomach area, but a persistent, localized soreness in the stomach or duodenum is most likely to be due to ulcer, although cancer will also give some tenderness. Usually this sign can be elicited at any stage of the disease in the case of ulcer, and it should be pretty constant as to position and ordinarily rather closely circumscribed as to area.

In recent years it has been found that many cases of dyspepsia are due to gall-stone disease, and here again tenderness is a symptom of first importance. It will usually be found during the attack of

gallstone colic if there be any and lasting for some time afterwards, and the tenderness will be found at the costal margin over the gall-bladder or in a line between that and the umbilicus.

There may not be distinct attacks of colic, but only ordinary symptoms of dyspepsia, with tenderness in the location stated, and although discovered only after patient and careful examination, it is of exceedingly great importance, as this tenderness, eliminating very few possibilities, means that there is inflammatory disturbance in the gall-bladder or ducts. This in turn may or may not be due to gallstones.

When the appendix is the cause of dyspeptic symptoms, tenderness will almost invariably be found and usually over McBurney's point, but this will vary somewhat on account of its variable length and position. Thus the appendix has been found in almost every portion of the abdomen. A great majority of cases, however, will show the appendix at its base, very close to McBurney's point, and the tenderness will be present and will extend in some direction from that. By this tenderness it is often to tell before the operation the position in which the appendix will be found. In this region there is some chance for a mistake as to the cause of the tenderness.

Any disease of the ureter, either due to stone or tuberculosis or other cause, would also give tenderness, but, except in the case of small stone or other localized disease of the ureter, there will be tenderness continuing over to the kidney or bladder, or both. In women it is often difficult to state definitely whether tenderness, which is found in the region of the appendix or below, is due to disease of the appendix or the ovaries, and it is no wonder that it is difficult to determine between these two conditions, because, at operation, it is a very common thing to find the appendix adherent to diseased ovaries and tubes.

In fact, with the appendix in the pelvic position it is almost always involved in pelvic peritonitis, which is so common in women. Perhaps, although except in a most general way, I do not believe that diseases of these organs have material relationship to chronic dyspepsia.

There are other diseases which may be present and give abdominal tenderness in chronic dyspepsia. The most important of these are the disease of the kidneys and pancreas. In disease of the kidneys, such as tuberculosis or calculus or other inflammation disturbances, there will be tenderness over the region of the kidney, and this will be very constant in position except in case of abnormal mobility of the organ. The kidney, which is abnormally movable, will usually also be tender on pressure.

The pancreas may be the seat of inflammatory disease, or tenderness in this region may be due to stone in the pancreatic duct. I have also seen calculous material taken direct from the body of the pancreas.

A cause of tenderness, which is very often a source of error in the diagnosis of these various conditions, is the enlargement of the lymphatic glands in the abdominal cavity. Tender mesenteric glands are particularly like to confuse one when they are in the region of the gall ducts or epigastrium, and a very careful study is often necessary to separate these conditions.

A beginning tubercular peritonitis will often give dyspeptic symptoms and the tenderness here is usually somewhat general, although it is likely to be much more marked over certain areas, and particularly the appendix and the tubes and ovaries in women.

Tubercular enteritis and chronic enterocolitis should also be mentioned as causing tenderness over the ulcerated areas.

In any case of chronic dyspepsia with abdominal tenderness, it is well to look

for every possible cause of it before settled that this is due to disease of a special organ, we should not be too hasty in putting this in a position of cause and effect as far as dyspepsia is concerned.

There is no doubt that chronic gastric catarrh is a very common cause of the dyspeptic symptoms, and with these we may accidentally have one of the other conditions mentioned, which may, however, have absolutely no bearing on the dyspepsia.

In conclusion, I wish to repeat that the character, degree, location, and extent of abdominal tenderness should be definitely learned by careful and repeated examination, and then the conclusion should be drawn after a thorough study of this in connection with all their signs and symptoms.—*Northwestern Medicine*.

Remember if valvular heart sounds of a smothered character, or of a hard smothered tone be heard after pneumonia has progressed for some days, that endocarditis is threatened, and active measures must be taken to head it off.

When diffuse pains are present in the pelvis, and hysterical symptoms develop pointing to an irritability of the uterus or ovaries, an injection of a solution of one dram or more of the bromide of potash, to a pint of hot water, may be used in the vagina, the patient in a position calculated to retain as much as possible of the solution.

For the temporary relief of the difficult breathing of advanced Bright's disease, give frequent doses of the one one-hundredth or the one one-hundred-and-fiftieth of a grain of phosphorus repeated every two or three hours.

A recent writer has advised in the vomiting of pregnancy, frequent doses of ten drops of a twenty per cent solution of menthol in olive oil.

Books

A Text-Book of Clinical Medicine. Principles of Diagnosis. By Clarence Bartlett, M. D., Professor of Clinical Medicine and Associate Professor of Medicine in the Hahnemann Medical College of Philadelphia, with 245 illustrations, including six colored plates. Philadelphia: Boericke & Tafel, 1903.

I am very favorably impressed with this book. It differs very materially from the ordinary work on Diagnosis. One of the features that has done as much as any other to establish a fixed position for my work on Materia Medica and Therapeutics, has been that the classification differs very materially from others in that *it follows the course that every physician follows in the practical consideration of disease*. This work takes almost an identical course, in presenting conditions for Diagnosis. It gives the general conditions; then it takes up the consideration of fevers; then disorders of the lungs, heart, and respiration; then, the diagnosis of the disease of the mouth, tongue, and digestive tract, and the abdominal glandular organs, etc.

Instead of presenting the Clinical pictures of the various diseases as usually named, as other works on Diagnosis do, it describes the various symptoms which go to demonstrate that a person is ill and gives details as to their Clinical relations and diagnostic significance. When I first saw the announcement of this book I expected that it would take the same course in Diagnosis as a Homeopathic Repertory does, in applying drugs. For instance; it would say of pain—in spots; inside right cheek; inside left cheek while chewing; pain aggravated by cold air; pain in morning; pain at night; pain on motion; pain at rest. Going so much into detail as to make it a burden for the busy doctor. On the other hand I find it

exceedingly practical. To begin with, there are tables which present the order in which an examination of patients should be made. These examinations are divided up into three or four groups, and the proper course to adopt with each group is outlined very plainly. The illustrations representing the exact location of organs in the body, and the areas to be distinguished differently by this method of examination, are excellent. It also gives a chapter which, I do not remember to have seen in other books, on the value of the information we receive, in Diagnosis, taking into consideration the age, and condition of life, occupation, sex, etc., as related to all special conditions. Taking up the condition of temperature in fevers, and subnormal temperatures, the condition of the pulse and the circulatory organs, including the veins and arteries, a most exhaustive presentation is made. I think, without doubt the best I have seen, occupying nearly 100 full pages of the book. I can see how this chapter is an eminently practical one.

Following this a very thorough consideration is given of the Respiration. The conditions of the lungs, of course, as a first consideration, but for difficult breathing, the author makes the following distinctions. First, deficient breathing; this includes (a) slow breathing, (b) restrained breathing, (c) shallow breathing, (d) ineffectual breathing. Second: Dyspnea, (a) obstructed or inspiratory breathing, (b) excessive breathing, (c) shortness of breath, (d) orthopnea, (e) paroxysmal dyspnea. Third: Peculiar disorders of respiration, (a) Cheyne-Stokes breathing, (b) hiccough, (c) hysterical breathing, (d) sighing, yawning, etc.

Using this as an illustration, and it quite well illustrates every presentation of this entire subject, going on through the diseases of the various organs and the nervous system, and the blood troubles,

it is readily seen that the author has adopted indeed, a most practical course in presenting those phenomena which every doctor meets, with every patient.

The work as I stated above, then, becomes a most practical one. The book is a large octavo of 1,000 pages, printed on super-calendered paper of good finish with excellent illustrations. I will believe that either the medical student, or the doctor, will find this book of more value than many of the works on Diagnosis more widely advertised.

New World Science series. Human Physiology. An elementary Text-book of anatomy, Physiology, and Hygiene by John W. Ritchie, Professor of Biology, College of William and Mary, Virginia. Illustrated by Mary H. Wellman. Yonkers-On-Hudson. New York World Book Co., 1909.

Within the past few years the methods of teaching physiology in the schools have changed so materially that the works on this subject must now present an entirely different arrangement, with, indeed, different topics from those presented but a few years back.

While this author has presented the essential facts as usually presented he has gone further than most authors, into the subject with special reference to hygiene and sanitation in accordance with the present movement for preventing disease. He has also presented very excellent chapters on the effects of alcohol on the system, on accidents, and emergency measures, on the consideration of disease germs, with some of the diseases so induced, on bacteria and its influences, on the method of spreading the disease by showing how the germs are produced and carried, on tuberculosis and its prevention.

The appendix presents a very excellent consideration of foods and their value, with a table showing what proportion is nutrition, what proportion is inedible, and the percentage of the different nutritious principles. The subject is

so plainly presented that a child of eight years old could easily digest and apply a large portion of it. It seems to me this work will serve an excellent purpose as a text-book in schools.

The Lloyd Library has recently put out their Bulletin No. 11, which is really a valuable production. This pamphlet contains about 120 pages, devoted to Samuel Thomson and Lobelia. There is an excellent page portrait, which is taken from his *Materia Medica*, published in 1841. There is a history of his life, of his methods, of his persecution and of the results of his work.

The pamphlet is printed on heavy paper of excellent quality, and contains many illustrations. In the consideration of lobelia the writer goes back to the first known use of this remedy, to the growth and development of its knowledge, to the serious objections that have been made to its use, which have prevented it from being thoroughly investigated. The pamphlet ends with the present observations concerning the hypodermic use of this remedy.

This bulletin is certainly a valuable publication. It will soon be followed by another number, which will contain a history of the American alkaloids, resinoids, concentration and resins. No pharmacists began earlier or paid more attention to alkaloids and the concentration than the eclectics, and the full history of their work will be published in this next bulletin.

THE FOOD TRACT. Its ailments and disease of the peritoneum. By A. L. Blackwood, B.S., M.D., Professor of Clinical Medicine and *Materia Medica* in the Hahnemann Medical College, Chicago. 359 pages. Cloth, \$1.75. Postage, 9 cents. Philadelphia, Boericke & Tafel. 1909.

Dr. Blackwood is a very practical writer. His plan of taking up important topics and writing a small book on each one is a very practical one, indeed, as it

gives the practitioner in a convenient form a book for constant reference. This work is a very thorough one. It begins with a clinical examination of the mouth, lips, teeth, gums and tongue, and continues with each condition in sufficiently minute detail, not carried to excess, to enable the practitioner to quickly determine the conditions for which he is required to prescribe, and for these conditions the specific remedy is named. The work includes the entire list of diseases of the gastro-intestinal tract. The work is well worth the price to new physicians.

DISEASES OF THE PERSONALITY. By Professor Th. Ribot, Paris. Translated, (with homeopathic annotations), by P. W. Shedd, M. D., New York. 142 pages. Cloth, \$1.00. Postage, 7 cents. Philadelphia, Boericke & Tafel. 1909.

Annotations from this work have frequently appeared in *American Medical Literature*. It represents the characteristics of the writer. It contains some conditions of disease that are seldom found, and are oftener considered not amenable to treatment. The suggestions for their cure are quite full and complete and should prove to be practical.

The officers of the Oklahoma Eclectic Medical Association for the ensuing year are: Pres., Dr. R. E. Sawyer, Bokchitto, Okla.; First Vice-Pres., Dr. G. H. Truax, Stonewall, Okla.; Second Vice-Pres., Dr. F. A. Starbuck, Roher, Okla.; Third Vice-Pres., Dr. A. S. Riddle, Chickasha, Okla.; Sec., Dr. E. G. Sharp, Guthrie, Okla.; Treas., Dr. G. H. Stagner, Coyle, Okla. The Association is in a flourishing condition, has a live and enthusiastic membership and their next meeting will be held in Guthrie, Okla., in May, 1910.

Very truly,

DR. R. E. SAWYER, Pres.

Attest, DR. E. G. SHARP, Sec.

Ellingwood's Therapeutist

A MONTHLY JOURNAL OF DIRECT THERAPEUTICS

VOL. III

NOVEMBER 15, 1909

No. 11

Leading Articles

ACUTE PERITONITIS

FINLEY ELLINGWOOD, M. D., CHICAGO, ILL.

It has always been a matter of surprise to me, that so many writers on the Practice of Medicine, omit this important disease entirely. Claiming it always as a septic infection, it is treated with those conditions which result from uterine sepsis; however, every busy doctor knows that he meets with dangerous and diffuse inflammations of the peritoneum very often, under a great many circumstances when it is difficult to trace the cause to direct septic infection, and it is thus practicable to consider this disorder as one of the common acute inflammations.

If this inflammation involves the entire serous membrane which lines the walls of the abdomen, the condition is called *general peritonitis*. If it is strictly local in its character, dependent upon local conditions, traumatic or inflammatory, it is called *local* or *circumscribed peritonitis*.

At one time it was supposed that this disease occurred as the direct result of cold, or from external or traumatic causes, and was thus idiopathic in character. The belief is now quite universal, that it is due to infection in every case, although the vitality of the membrane

and its susceptibility to infection may be greatly increased, and the disease probably brought on by the above named, or other similar causes. The common gateway of introduction of the infection, is either through the gastro-intestinal tract or from the female reproductive organs, or as the sequel of a surgical operation, or a severe burn.

A study of the micro-organisms and their modes of entrance is interesting and important, but cannot be given here in full. The most common of these are the bacillus coli communis, the streptococcus, staphylococcus, pneumococcus and occasionally the gonococcus, with in rare cases, the bacillus typhosus as well as the bacillus pyocyaneus.

It was at one time thought that any exposure of the peritoneum would result in immediate inflammation and probably, in death. Our present knowledge of sepsis, our access to reliable antiseptic measures, and perfect cleanliness, have robbed surgical operations which involve the peritoneum, of danger. At the same time we have learned that the peritoneum possesses in itself an inherent power to resist infection and to destroy micro-organisms and other infective elements

which are brought in contact with it. In robust health this resistance is extreme, but any impairment of this vital resisting power, either by injury, by cold or by other local or constitutional derangement, will permit the development of the septic processes, which the micro-organisms induce.

It will be seen that infectious disease of any organ contiguous to the peritoneum, may impair the vitality of but a small portion of this serous membrane, but that through this small impaired portion the micro-organisms may be introduced and either a local or general peritonitis result. The disease then is usually secondary. It follows acute stomach disorder, gastric ulcer or malignant disease. It results from enteric fever of any form, notably from catarrhal enteritis, colitis, and very frequently from appendicitis. Intestinal irritation in children from improper food, or, as in one of the author's cases, from eating a large quantity of grapes and swallowing the seeds, or the presence of worms will induce it.

It results from purulent inflammation of the gall bladder, of the kidneys, or of the urinary bladder. It is common as the result of inflammation of the womb, fallopian tubes or ovaries, from direct septic invasion. This form of the disease, occurring subsequent to confinement, is designated as puerperal peritonitis. It is especially liable to follow severe or protracted labors, or those badly conducted, or those in which strict asepsis has not been observed. It also frequently follows abortion.

The disease occurs as the result of acute diarrhea, and may complicate the convalescence of measles or scarlet fever, although this is rare. Direct septic invasions may occur from gunshot, knife and other penetrating wounds, from surgical operations, and from burns which involve the abdominal walls. While it is frequently asserted that the

disease follows gonorrhea directly, clinical observation does not confirm this theory.

Peritonitis occasionally occurs during the progress of severe fever, and especially if from any cause the fever follows confinement, when it may be plainly brought on by a severe nervous shock, or by extreme mental depression, grief, or a high degree of nervous excitability. This is often classed with the so-called hysteric peritonitis, which occurs at other times with women, and closely resembles the genuine form. In the hysterical form, however, the tenderness and pain complained of are not accompanied by the constitutional results which should accompany such severe pain. In most puerperal cases there are all the evidences of severe involvement, with adhesions or prostration and death. This may be explained by the sudden development of toxins from the presence of an elevated temperature, which, on its part, is brought on by the mental condition.

Peritonitis resulting from circumscribed or general tuberculosis, is more apt to develop in a sub-acute or chronic form than to exhibit acute characteristic symptoms.

SYMPTOMATOLOGY.—Acute, sharp pain in the abdomen is usually the first symptom of peritonitis. Accompanying this at once is chill, more or less severe. The patient becomes anxious and nervous, and the fever rises rapidly. As the fever rises, tenderness develops, in the local form over a circumscribed area, in the general form over the entire abdomen; or it may be localized at first, to become diffused later, until the entire peritoneum is involved. The temperature reaches the point of 104.5 degrees or 105 degrees F., sometimes within three or four hours.

The pulse is hard, usually small, sometimes wiry and always rapid, beating from the first from 120 to 135 beats, and when the disease is at its height from 130 to 160 beats per minute. There is a

pronounced shock to the nervous system, and by this the heart is immediately impressed. It becomes enfeebled, arterial tension decreases, and there is a marked change in the character of the pulse. In the serious stages the pulse is irregular and sometimes almost imperceptible. On the approach of a fatal termination it becomes thready and very rapid. The temperature taken in the mouth is observed to fall, but taken in the rectum or vagina it is found to continue high or increase a little.

A cold perspiration covers the surface of the body; the respiration is rapid and shallow, as deep inspiration increases the pain; there is a shrunken condition of the face, with an anxious expression; the features have a pinched appearance; the nostrils are thin and drawn; the face becomes pale, or in some cases darkened or livid; the mucous membranes of the mouth are dry, the tongue is dry and parched, covered with a brown coat, and all secretions are scanty. The urine is clear, of dark color, and often temporarily retained; urination being impossible. In others there is frequent urination with local irritation.

The appetite is quickly lost, and nausea and vomiting occur, causing intense pain. There is hiccough, diarrhea and tympanites. This latter condition results from paralysis which may involve the intestinal tract, inducing obstinate constipation. The patient quickly assumes a supine position in the bed. So extreme is the abdominal tenderness that she cannot bear the weight of the bed clothes, and for the double purpose of removing this weight and reducing the tension of the abdominal muscles, the thighs are flexed upon the abdomen. Every jar of the bed or movement of the clothes increases the pain.

These patients often become restless, excitable and develop an intense mental acuteness. There is agitation and anxiety and the reasoning powers are exagger-

ated. This may continue to but a short time before death. In other cases there is a very excitable delirium with extreme nervous irritation, while in still other cases no delirium may appear until a short time before death. The patient may then exhibit mild symptoms of delirium and gradually sink into a stupor, to be soon followed by coma.

Occasionally this disease results from the sudden introduction into the peritoneum, of pus from the rupture of an abscess, or from the introduction of the contents of the stomach or intestinal canal, from perforation, or from the rupture of a cyst which contains purulent material. When this occurs the onset of the disease is sudden, and shock with threatened collapse are among the first symptoms. There are cases distinctly septic in origin, which are characterized by an absence of pain, and which exhibit a distinctly high temperature at the onset.

Physical examination of the abdomen is almost impossible because of the exquisite tenderness. The abdominal walls are greatly distended and are firm or rigid. The tympanites obliterates the hepatic and splenic dullness, but dullness will be found in the dependent portion because of the gravitation of fluids.

DIAGNOSIS.—The abdominal pain, rapidly developing tenderness, and sharp fever, are the pathognomonic phenomena of peritonitis. In the circumscribed form of the disease the pain remains local and the tenderness is distinctly circumscribed. There is seldom any difficulty in the diagnosis, and other diseases can be readily excluded by the absence of their characteristic phenomena.

PROGNOSIS.—While this disease is a most serious one, it presents important specific indications, to which we have learned to apply reliable remedies, and thus our treatment has become certain, and to a great degree satisfactory, enabling us to modify the serious fatal

prognosis given by the writers of the past. Where the cause is the evacuation of septic material into the peritoneum the results are much more serious, and a fatal termination can be anticipated. Where there is shock to the nervous system, tympanites and abdominal distension from paralysis, with a pronounced impression upon the heart and circulatory apparatus, the outlook is very grave.

TREATMENT.—The immediate demand in the treatment of acute peritonitis is the relief of pain. Most authorities advise the use of opium or the hypodermic injection of morphin for this purpose. I am convinced that this course should be avoided as often as possible, in all but the extreme cases, when opium may be given, as is advised farther on. At the onset the patient should have a hot mustard foot bath, which should be continued for from twenty to thirty minutes, and should drink hot infusions calculated to induce perspiration. Or she may take from ten to twenty drops of the fluid extract of jaborandi, one dose only. If the pain has already become so severe as to be increased by every movement of the patient, a large mustard poultice, made strong, should be applied warm over the location of the pain at least, if it does not seem practicable to apply it over the entire abdomen. At the termination of the foot bath, the patient should be put into bed and libradol should be applied over the entire abdominal surface. This application should be watched, as, unlike other plastic dressings, it is highly medicated, and if too greatly prolonged will induce nausea and some depression. It will be tolerated by most patients for from four to six hours; in extreme cases, eight hours. Heat should be applied externally to it, as when so applied its influence is exercised in a shorter time. It must be removed early if nausea is induced. When removed, antiphlogistine should be applied hot and in a careful manner,

where its weight is not greatly objected to, and this should be kept hot continuously for from twenty-four to forty-eight hours.

These preliminary measures will usually cause a temporary abatement of the pain and will permit the use of bryonia, allowing the necessary time to obtain its characteristic influence upon the developing inflammation. This agent allays the pain in a manner much more satisfactory than that accomplished by opium or morphine. It is specific to inflammations in the serous membranes. It can be persisted in, however high the temperature, or however severe the constitutional impressions. It promotes resolution, contributes to a return of the normal conditions of the capillary circulation in the membrane, antagonizes an outpour of the usual exudates, and especially inhibits the breaking down of tissue and the formation of pus. It must be used with confidence to be appreciated, as it seems to include in its influence all of the pathological processes involved in the inflammation, positively restoring the inherent vital resistance of the membrane to micro-organisms.

Bryonia is a direct sedative to the fever processes, and often controls the temperature without the assistance of other remedies. But I have usually found marked indications for the use of aconite, and have prescribed the two remedies together. These are a tendency to dry skin, dry mucous membranes and a sharp, hard, quick pulse. There is a marvelous harmony in the action of these two remedies, and while operating upon different conditions, each seems to enforce the action of the other to a degree.

At the onset of this disease, during the period of chill, belladonna in small doses frequently repeated will antagonize the processes of inflammation and exercise a powerful influence in equalizing the circulation. But this remedy will

not usually be indicated when the disease is fully developed.

Asclepias, in its influence upon the serous membrane, is closely allied to bryonia, or from bryonia in conjunction with the remedies just named, and in peritonitis much the same results may be accomplished. I believe in administering it in rather full doses—from five to eight or ten drops of the specific medicine should be given, in water every hour.

If the pain is held in abeyance long enough to obtain a full influence from bryonia, or from bryonia in conjunction with the remedies just named, it may not return at all. I have observed this result from bryonia in many cases, and am confident of this influence of the remedy. Consequently, we have no use for special pain-relieving remedies, which obscure or mask the manifestations of the disease, and are thus apt to mislead the prescriber, while they exercise but little curative influence. There is an occasional case in which the measures above suggested will produce no influence upon the pain from the first. The influence of the pain is clearly detrimental. I believe its impression upon the nervous centers is such as to retard the full physiological influence of bryonia and the other specific remedies. I, therefore, have been in the habit of using opium in frequently repeated small doses. I advise from two to four drops of the deodorized tincture every hour in the less severe cases, and in the extreme cases five drops every hour, only until I am able to observe a reasonable abatement in the pain, which should be after from three to six doses, when the dose is reduced one, two or three drops. This course is preferable to repeating the full dose, which some advise, at greater intervals, of two, three or four hours. I prefer the gradual reduction in the size of the dose, until the soreness as well as the pain has somewhat abated, when I

endeavor to drop the opium entirely and depend upon the bryonia.

If at the onset there is a great degree of nervous excitement, I would, instead of the aconite, prescribe gelsemium with the bryonia, until the nervous symptoms have abated. At that time the indications for both the aconite and gelsemium may have been overcome and dependence can then be placed upon the bryonia alone, again.

At times the disease progresses, the temperature remains high, the pulse becomes hard, or small and wiry, there is restlessness and persistent loss of sleep, with a sharp pointed tongue and dark colored mucous membranes. These indications demand *rhhus toxicodendron*. Its influence will be prompt and satisfactory.

I have seldom found indications for *veratrum* in this disease which cannot be better met by the remedies above named. However, in markedly asthenic cases, at the onset, there is a time when the large, full, strong, but rapid pulse will indicate this remedy, and if given in pronounced doses for a few hours, while its influence is very closely watched for nausea or other sign of depression, it may exercise a very positive influence in preventing or retarding the development of the disease.

Gastric complications, with dark mucous membranes and dry tongue with a tendency toward sordes may be met promptly with doses of from five to ten drops of dilute hydrochloric acid every three hours, in an ounce or two of water. When the mucous membranes are pale and the tongue is thick and broad, and covered with a dirty coat, sodium sulphite is indicated; if the tongue is moist and coated with a dense white coat, calcined magnesia or sodium bicarbonate should be given for a short time.

The condition of the bowels must receive attention, but irritating cathartics must be avoided. A mild saline laxative of magnesium sulphate, or calcined mag-

nesia will be of service to unload the *primæ viæ* at the onset. This effect can be sustained by the action of small doses, about fifteen grains, of the sulphate of magnesium and bitartrate of potassium, combined, or by the use of from sixty to eighty grains of the effervescing sodium phosphate, once or twice a day. However, I have noticed no bad results after thoroughly cleansing the intestinal tract at the onset, and after each movement, in permitting the bowels to go two or three days at a time without movement. But this is theoretically objectionable, to the patients and to a consulting physician as well; consequently a colonic flush each day is preferable. Other cases will do well in this disease, as they do in appendicitis, upon the free use of sweet oil during the entire course of the disease. As the strength of the patient fails, an enema once or twice each day of the normal salt solution should be used.

Extreme tympanites may be temporarily reduced by the use of an injection of half a dram of the oil of turpentine, in from two to three quarts of warm water. When with tympanites, there are evidences of impairment of the blood, such as dark, dry, mucous membranes, with a dark brown, or black coat on the tongue, and sordes upon the teeth, turpentine should be given internally in from two to five minim doses in an emulsion every two or three hours. This may be continued for several days.

Where tympanites is present, with more or less of an atonic condition of the gastro-intestinal tract, specific xanthoxylum will be of much service in doses of two or three drops given every two hours. It was at one time common practice to apply turpentine stupes over the abdomen whenever tympanites was present, and the results would certainly justify that procedure at any time, if antiphlogistine or other poultices of that character were not sufficient. I think there are times when turpentine is the

superior application, especially if the weight of a poultice is objectionable.

With the above indications echinacea will be of service also in preventing the important changes which are taking place in the blood.

When peritonitis is distinctly local or circumscribed, the application of libradol over the inflamed areas may be continued for perhaps twenty-four hours. It should then be removed, but may be subsequently replaced for an equal length of time, without inducing nausea; or the acute pain may first be relieved by the application of a strong mustard paste. The local inflamed area may be covered with a hot application which should be persisted in until the tenderness and pain have abated. Other conditions which may appear, which are similar to those occurring in general peritonitis should be treated with those specific remedies and measures precisely as advised for that form of the disease.

For the persistent nausea I have much confidence in the use of equal parts of bismuth and ingluvin in mint water or in cinnamon water. Thirty grains of each in three ounces of water may be shaken well and administered in teaspoonful doses, every ten, twenty or thirty minutes, for two or three hours, when the vomiting will cease for perhaps twenty-four hours, if not permanently.

The feeding of the patient is an important consideration in the treatment. If possible, they should have milk alone, administered in small quantity at regular intervals, or an egg may be beaten with the milk and a teaspoonful or two of this may be given every half hour or hour. Where there are indications for the use of acids, buttermilk or whey will be most kindly received, and will be found very nutritious. Kumyss is excellent during convalescence. In other cases it may be necessary to peptonize the milk, or where the stomach refuses to receive food, it may be given a complete rest, and all

nourishment may be given for a short time per rectum.

Thirst is a most troublesome symptom in peritonitis, whether nausea exists or not. This may be relieved by the taking of small pieces of ice, or by an occasional half teaspoonful of ice cream, which also exercises its characteristic nutritional influence.

Convalescence will demand the utmost care and personal supervision. Every indication reappearing must be met at once, and restoratives must be selected with discretion, as suggested by the existing conditions.

Great hearts alone understand how much glory there is in being good. To be and keep so, amid the injuries of man and the severities of Providence, is not the gift of a happy nature alone, but it is strength and heroism.—*Jules Michelet.*

INFANTILE CONVULSIONS

C. P. EDWARDS, M. D., PHILADELPHIA, PA.

The acute convulsions of infancy and childhood are of frequent occurrence in the practice of every physician, and are always a source of immediate alarm and intense anxiety. They are paroxysmal and accompanied usually with loss of consciousness. The most common form occurs from transient causes, and is usually reflex in character. They are usually direct, resulting from undue irritability of the nervous centers, and cease when the cause is removed.

Infantile convulsions may be classed under three heads: Symptomatic, or those produced from the nerve centers; sympathetic, or those produced by disease of some remote part of the body; and essential, in which the cause cannot always be detected, but which are said to be caused by fright, pain, high temperature and exposure to heat or cold.

The first form is by far the most serious, and among its causes may be enumerated tumors of the brain and spinal cord, tubercular meningitis, cerebritis,

meningitis, cerebro-spinal meningitis and injuries to the brain or spinal column.

The second or sympathetic form is, either in part or wholly, due to reflex action. Perhaps the most frequent cause of this form is indigestion, dentition and worms. In the sympathetic there are usually two or more factors operative as a cause. For instance, where convulsions are associated with scarlet fever, the specific poison, high temperature and paresis of the skin during the eruptive stage are conditions which, especially in children of a highly endowed nervous organization, are liable to so irritate the nerve centers, as to produce a discharge of nervous energy in the form of an eclampsia.

It is not my purpose in this article, to enter into the pathogenesis of convulsions, which with our present knowledge, is, to say the least, hypothetical, but to deal with those etiological factors determined by experience of the physician at the bedside.

It is important for the physician to know whether convulsions are due to a material lesion of the brain, or whether they are essential or sympathetic.

The unilateral character of a convulsion may be regarded as of cerebral origin when, after frequent recurrence of the spasms, they are confined to one side of the body. Yet bilateral convulsions are occasionally caused by unilateral lesions of the brain, and conversely, unilateral convulsions are sometimes observed without any apparent lesion of the brain. Unilateral convulsions occur with sufficient frequency in connection with lesion of the brain so that a careful examination should be made with reference to such lesions. Convulsions of cerebral origin are usually preceded by more or less localized spasm of muscular groups. Vomiting, pinched and painful expressions of the face, irregular contractions of the pupils and strabismus occur either just preceding or following convulsions.

The temperature may be normal or increased, depending somewhat on the nature of the lesions.

The bilateral form of convulsions, in connection with the history of the case, and their association with some of the diseases of childhood, warrant us in diagnosing them as belonging to the sympathetic form.

The essential form is diagnosed by exclusion of the causes of the other two forms; and, I may add, excessive irritability, drowsiness or general tremors usually precede the convulsions. Many of the causes mentioned are liable to produce congestion of the brain, either active or passive, which is indicated in children under two years of age by fullness of the fontanelles. I have seen cases where the fontanelles were depressed, indicating anæmia of the brain. Such cases are usually associated with summer diarrhoea of children.

The percentage of sympathetic convulsions is more than double that of the other two forms. The prognosis should always be guarded in the sympathetic form. Necessarily it will depend very much on the character of the brain or spinal lesions that produce them.

The sympathetic form is less dangerous, and under judicious treatment the majority of cases will recover. The essential form is mild and of short duration in nearly all cases.

A few general rules of treatment are applicable to all forms of eclampsia. In mild forms of convulsions, by the time the physician arrives the attack has passed off, and there is plenty of time to ascertain the cause; but when this is not the case the physician is expected to arrest the convulsion, and frequently the life of the patient depends on the prompt and intelligent action of the physician.

The danger, in convulsions, is always in proportion to the duration of the attack. Frequent and repeated attacks, with return of partial consciousness, ir-

respective of cause, are less liable to prove fatal than one attack of long duration, on account of the congestion of the brain produced and lack of proper oxygenation of the blood during the convulsive attack. In the treatment of such cases the causal indications give way to the vital, for the time being. The patient should immediately be placed in a warm bath, with cold applications to the head. The room in which the patient is kept should be well ventilated, if the convulsion lasts more than five or six minutes under this treatment. Do not waste time and perhaps place the patient beyond mortal aid by dallying along with other drugs, but give the patient chloroform immediately. If the patient can swallow, a drop of veratrum may be given every fifteen minutes; or the agent can be administered hypodermically.

When the convulsion has been arrested, a careful examination should be made to discover the cause. When caused by indigestion, and the patient has not already vomited up the irritant material, an emetic should be given. Where the undigested food has passed from the stomach into the intestines, a purgative dose of castor oil, or an emetic, is proper and desirable to remove it.

Where the temperature is high, and perhaps is the indirect cause of the convulsions, cold applications should be made to the head until the temperature drops to one or two degrees above normal, and veratrum or gelsemium may be given. Veratrum is growing into general use. Another excellent way is to strip the patient, sponge him with warm water, and then cause rapid evaporation by vigorous fanning.

There are a number of remedies which are especially adapted to remove irritation of the nerve centers, and have special indications for their use. The frequent dose of concentrated passiflora is now adopted by many as superior. Lobelia has been used longer, perhaps,

than any other agent. Its hypodermic use increases its value in convulsions.

Gelsemium is the remedy where convulsions are secondary to some other disease, with determination or active congestion of the brain. The indications for its use are general restlessness, inability to sleep, muscular tremors (or local muscular twitchings) increased temperature, flushed face, bright eyes and contracted pupils. This remedy must be given in sufficiently large doses to produce its physiological action. It is specific in its action when the above conditions are present.

In belladonna we have a remedy that is specific in almost the opposite conditions, e. g., drowsiness or semi-comatose state, more or less pallor of the face or cyanosis, eyes glassy, pupils dilated, pulse quick and wiry or full and easily compressed.

The bromide of potassium is indicated when there is but little rise in temperature accompanying eclampsia. It is the remedy par excellence in cases where there is a tendency to repetition of convulsions at intervals of a few days or weeks. In chloral we have a remedy which acts very kindly in any form of convulsions. When the patient is unable to swallow it can be used by an enema.

Chloroform is the most reliable antispasmodic we have, and it possesses the advantage that it can be administered when the patient is unable to swallow. A few drops of chloroform poured on a napkin and held a short distance from the nose to allow the patient to breathe a sufficient quantity of fresh air, at the same time watching the pulse and respiration, will generally arrest the convulsive movement. Consciousness nearly always returns as soon as the effect of the chloroform passes off. Should the convulsions return, administer the chloroform as often as is necessary to cause relaxation. I have administered chloroform for a period of twelve hours, with intervals, without any deleterious

effects. In fact, I regard the administration of chloroform to arrest convulsions attended with so little danger that where I had reason to believe the convulsions would return I have instructed the mother or nurse to administer it, and so far have had no occasion to regret my seeming rashness. I know of no contra-indication to its administration unless it be a state of collapse, and even in these cases chloroform seems to act rather as a stimulant than as a depressant.

Ether by inhalation is the best remedy to arrest convulsions when there is anæmia of the brain. When the convulsions are arrested such other means should be used as will remove the primary cause.

COMMENT.—When all the above measures, after persistent use, had failed, in a case where the convulsive movements persistently recurred, in a two year old child, every one and one-half or two hours, I quickly controlled them by giving one drop of acetic ether in water. Others whom I have advised have accomplished the same result.

FERRI FERROCYANIDUM

C. F. BOWMAN, M. D., NEW YORK, N. Y.

I desire to make a report on the action of an old remedy that has not recently been very popular, and yet there are many cases in which I believe that not only my own experience, but that of very many of our older physicians, will confirm the fact that nothing will take its place when the indications are just right.

I refer to prussian blue (ferri ferrocyanidum) many physicians write of the drug as worthless, while others have not been taught its utility. Many have not even had their attention called to it as anything but a pigment. There are some cases in which it will act more satisfactorily than any one remedy. It does not always act so quickly as quinine, but its effect is more permanent. It has often effected cures where quinine has failed.

In my own experience, I have observed that most cases which are best

treated with this remedy, are those in which there is periodicity with long intervals, and from very obscure causes. I will narrate the following case to illustrate this conclusion. There are very many others that have come under my observation or that of other physicians whom I have consulted, that will confirm this opinion, being somewhat parallel.

A lady, 49 years of age, was referred to me by a consulting physician. She had once in five weeks an attack of the most exasperating—actually atrocious—pain in the entire nervous structures of the head and shoulders. A very careful examination of every attendant condition failed to discover any cause for that pain. It had recurred regularly in spite of all treatment for over ten years. I was a young inexperienced physician at that time, and the patient was a very prominent lady from an adjoining city. The obscure character of case caused me to advise her to go to some older physician. I told her plainly that I did not believe that I could cure her. She had come to me with a great deal of confidence and she begged me to undertake it, saying that she was sure that I could cure her. I took her to a consulting physician and together we went over the entire train of symptoms. I gave her five-grain doses of prussian blue three or four times a day for the three days preceding the expected paroxysms. I soon learned that she had an idiosyncrasy against morphine, exhibiting the most violent toxic symptoms demanding active measures at restoration after the use of even the one-eighth of a grain.

The first attack after the use of this iron salt was very mild, and the second attack did not occur. She was entirely free from subsequent attacks for more than a year. She was put back onto the treatment again, and again as before, relieved.

The following is a history of some cases taken from an exchange are in

line, but they confirm the action of the remedy, as I have observed.

Mrs. G., aged forty-eight. Suffering with remittent fever for a period of four weeks, having at times received benefit from the administration of quinine and other remedies, she would soon fall back to the daily remissions. The patient was also greatly annoyed by functional heart disease. She was directed to take prussiate of iron in five-grain doses, combined with one grain of hydrastis, every three hours. To strengthen the heart's action I prescribed strophanthus, digitalis and whiskey. The patient recovered rapidly.

Another case is that of Mrs. M., aged about twenty-seven years, in the second stage of pulmonary phthisis. This patient was taken with a chill every morning at 10 o'clock. Quinine could not be tolerated by the stomach, even in small doses. Mrs. M. was put upon prussian blue, bismuth subnitrate and hydrastis. The bismuth was given to check diarrhoea. In four days the chills were a thing of the past. The patient had no more symptoms in intermittent fever then to her death, which occurred later from phthisis.

Mrs. L., about twenty years of age, was taken with la grippe. From the exhausted and depressed condition resulting from la grippe, she became afflicted with intermittent fever. Two weeks after la grippe invaded her system the symptoms of intermittent fever were unmistakable. Her physician placed her upon quinine and many other remedies, making changes in the prescription at every visit, which was every day. The patient ran along two weeks, with daily chills and fever more active than ever. At this time patient came under my care. I wrote the following prescriptions:

℞ Ferri ferrocyanide...dram 1½
Hydrastis grains xx

Sig. Mix. Ft. Chart. No. xx. Take one powder every three hours.

- R Tr. digitalis.....gtt. xv
 Tr. gelsemium.....drams 2
 Spir. frumenti.....drams 3
 Aqua ounces 2
 Syr. simplex.....ounces 4

M. Sig. Teaspoonful every three hours.

The gelsemium was given to overcome irritation of the bladder, and the digitalis to strengthen the heart. The chills did not recur the second day. The same treatment was continued until the patient was well. Mrs. L. made a complete recovery in eight days. I could go on and report many cases which I have treated in this way, but these will suffice in illustrating the anti-periodic properties of prussian blue. In addition to the above I will say that prussian blue is a tonic which is seldom contra-indicated. It will overcome irritation of the stomach from infancy to old age. It is agreeable to the patient when administered, and it is cheap, which is an item for the country physician. It is, so far as I know, harmless. I have never had one unpleasant symptom resulting from its administration. I should be cautious what combinations I made with the drug, so as not to form a poisonous cyanide.

He only is advancing in life, whose heart is getting softer, whose blood warmer, whose brain quicker, whose spirit is entering into living peace.—*John Ruskin*.

CO₂ SNOW IN DERMATOLOGICAL PRACTICE

H. P. FITZPATRICK, M. D., CHICAGO, ILL.

The modern dermatologist is not averse to taking up new methods when they have demonstrated to his usually conservative mind that they are a decided improvement over any other.

The objection to CO₂ Snow from the first was not in that the Snow did not appeal to us as a possible certainty for the removal of all forms of nevus, but in the crude methods in vogue at first

for collecting, compressing and conserving it.

Now that this has been completely overcome it is a pleasure to use the CO₂ Snow and it is my opinion that it will eventually replace the use of Electrolysis and X-Rays in the treatment of several hideous and heretofore almost intractable defects. My experience has been decidedly favorable. I have used CO₂ Snow for the removal of nevus pigmentosus pilaris, for nevus arraneous, for both arterial and venous nevi, with marvelously gratifying results. For the minor pigmentary defects, moles and moth patches, for old scars or for new formed cicatrices, for warty growths, large or small, the CO₂ Snow supersedes electrolysis, not only for the rapidity of results, but likewise for the cosmetic effects.

Without a good apparatus for the collection and compression of the Snow, I think the physician would soon give up the treatment in disgust, but with this kind of an apparatus which I use, and a little time allowance for experimental work, every physician who uses ordinary judgment can add considerable to his revenue and quite a little to his prestige in the community. I am using the Snow for the removal of an X-Ray keratosis on the hands of a prominent X-Ray specialist of this city, and we both believe from present indications that the results will be successful. However the treatment is too recent to make any positive statements, though I am convinced of its successful removal by this method.

Every dermatologist who has had similar trying experiences, as myself, in the removal of nevi by electrolysis will at once understand what a relief it is to find a remedy that will set up enough congestion to obliterate the engorged capillaries of either a venous or arterial nevi in two or three treatments, leaving good cosmetic results and no ensuing complications.

The greatest thing in favor of CO₂ Snow for the removal of these unsightly defects, is: 1st, the rapidity with which the disfigurement can be covered—large birthmarks in ten to twenty minutes; 2nd, its painlessness, making it possible to utilize this remedy on young children as well as adults; 3rd, the cosmetic results. In from ten to fifteen days the outer horny layer is replaced by a new skin which though pinkish red at first, ultimately assumes a normal color; 4th, the saving of time. I have put in forty or fifty hours with electrolysis for the removal of a nevi pigmentosus pilaris and have removed a similar nevi in one treatment of a few moments with CO₂ Snow. Therefore, CO₂ Snow is absolutely indispensable to every dermatologist whose practice calls for the treatment of facial defects.

Man's unhappiness, as I construe, comes of of his Greatness; it is because there is an infinite in him which, with all his cunning, he can not bury under the Finite.—*Carlyle*.

A COMPLEX CASE

J. C. ANDREWS, M. D. LOS OLIVOS, CAL.

James Flood, laboring man, aged forty-five years came to me with the following introduction. "Well, Doctor, I have been to 'em all. One would say, I have got a cancer of the stomach and there is no other way out of it, but to operate; cut it out. Others said about the same thing. Another younger man said he could not do anything for me as he does not know what the matter is with me." So in his extremity he came to me, I having known him some years prior to this time. I scarcely knew him, he looked so bad; thin in flesh, yellow, bronzed skin or tallow-colored skin; pain in the right side; no appetite; could not sleep, with a large sore and tender lump in the stomach as large as my hand, and exceedingly tender to the touch, and a large sore and tender surface in the region of the sigmoid flexure, passing daily large quantities of pus and

bloody mucus with some diarrhœa, the movements quite painful.

The large tender lump in the region of the stomach was a poser to me, but I did not say it was cancer, while I thought it might possibly be a cancer. I thought it might be an indurated liver, but I withheld my diagnosis. As it seemed more likely to be an indurated condition of the liver, I prescribed for that condition and the result which speedily followed, and so favorably, verified the diagnosis, so that in a treatment of four months he declared himself well. I made him but one visit at his home, subsequently, he came to see me at my office, three or four times.

I prescribed for him at first as follows:

℞ Specific chionanthus....ounce ½
Specific chelidonium...drams 2
Specific nux drops xx
Water q. s. to.....ounces 2

M. Sig. Teaspoonful every three hours when awake for its specific influence on hepatic congestion and general inactivity of the liver. Later as a tonic and appetizer, I prescribed:

℞ Specific piper methysticum...dram 1
Specific gentian dram 1
Specific Zingiber dram ½
Water q. s. to ounces 2

Mix Sig. Teaspoonful every three or four hours, when awake, with the first prescription continued. For the trouble in the sigmoid flexure I prescribed as follows:

℞ Asepsin dram 1
Boracic acid.....drams 2
Water ounces 16

Mix. Sig. One tablespoonful to be injected up into the bowel after being cleansed with a solution of borax. This treatment to be given three times a day. He following the direction, well and faithfully, for a week or ten days, passed about a pint of worms, when he commenced to improve and steadily im-

proved for three or four weeks. Then a yellowish gravelly secretion from the bladder appeared and troubled him quite severely. For this I gave the following:

℞ Specific chimiphilla....ounce 1
Specific gravel root...drams 2
Aqua pura q. s. to...ounces 4

M. Sig. Teaspoonful every three hours in hot water, as hot as he could well swallow it. I heard no more from him concerning that feature of his trouble, when one week since his wife came in, saying he did not need any more medicine, and that the lump in his side was as small as a hen's egg, getting smaller every day; paid their bill, and went on their way rejoicing.

There is a perennial nobleness, and even sacredness, in work. Were a man ever so benighted, or forgetful of his high calling, there is always hope in him who actually and earnestly works; in idleness alone is there perpetual despair.—*Henry Van Dyke.*

MALARIA

ELI G. JONES, M. D., BURLINGTON, N. J.

About twenty-six years ago I came to this state from Massachusetts. It took me about three years to get thoroughly saturated with "Jersey malaria." Then I began to have that tired feeling, fell asleep at my meals, could hardly walk a block. My legs felt like blocks of wood. I had a bad taste in my mouth with headache. After a careful study of the case, the following remedy seemed indicated:

℞ Fluid hydrastis oz. 3
Grindelia squarrosa, fl. ex....oz. 2
Fowler's solution of arsenic.drams 2
Elixir calisaya q. s. ozs. 8

Mix. Sig. Half teaspoonful after each meal. This remedy hit the bull's eye. Since then I have prescribed it in hundreds of cases in this state. Have sent it to patients in several states of the union and it has not yet failed to cure. It is one of the many good remedies that

I have that have made business and friends for me.

Henry Ward Beecher used to say that malaria was a cloak to cover the doctor's ignorance. Many a time I have had patients come to my office and say: "My doctor says I have the malaria, what do you think about it?" When I hear that, I know the doctor is in a puzzle, and cannot diagnose the case correctly or find a remedy that will cure the case. Some physicians would simply follow suit and prescribe for malaria and thus the patient would drift out of their hands and into others. Such cases must be handled carefully. They think they are sick (and in many cases they are). They will often make or break a doctor's reputation. Sit down beside your patient, study the pulse, its quality, its character. Look at the tongue and the eye. If a doctor understands natural diagnosis, he can diagnosis the case by a study of the eye, of the tongue and the pulse. When I feel of a patient's pulse I always think of a country across the water where the patient sticks a hand through a hole in the curtain, and the doctor must diagnosis the case by the pulse alone.

How many readers of this journal can do that? I don't pretend to, but I can by a study of the eye, the tongue and the pulse. Physicians are too apt to rely on a patient's say so, but such statements cannot always be depended upon.

Children, especially babies, cannot tell you their symptoms, how they feel, etc., but they speak a language of their own and unless a doctor can read the language he cannot treat their diseases successfully. Men and women are only grown up children and we examine them always. Bear this in mind. You will find some symptoms exaggerated and others more important, overlooked. It is possible for some doctors to make a snap shot diagnosis, but they are few and far between and I would not place much dependence on such a diagnosis.

Whatever is worth doing at all is worth doing well. The patient has paid good money for the doctor's opinion and is by right entitled to an honest clear-cut diagnosis of their case. A doctor who would prescribe for a patient without knowing what ails him is not an honest man, and not a man to be trusted in any family. Yet this is being done every day. We cannot be too careful in making a diagnosis. Many doctor's reputation has been ruined by a mistake of this kind. Go slow, and be sure you are right.

I gave my heart its freedom to be gay
Or grave at will, when life was in its May;
So I have gone, a pilgrim through the years,
With more of laughter in my scrip than tears.
—Thomas Bailey Aldrich.

EUPHRASIA—BRONCHIAL COUGHS— ENURESIS

W. D. BUNDY, M. D., OSAGE, IOWA.

I have just read your appeal to your subscribers for a contribution to your valuable journal. I write here my experience with a few remedies. Euphrasia I have found very efficient in recent colds which spend their force upon the mucous surface of the nose and throat, with fullness of the frontal sinus. I think it the best single remedy I ever used. It can be given in water or syrup of tolu, in doses of from five to ten drops every two hours, with such other remedies and advice as the case demands.

Dr. O. W. Holmes in one of his letters to a friend says, "I have learned three things in my experience: 'Never accept hearsay when facts can be had,' 'Never guess, but know;' and last, 'it is not always necessary to give a patient medicine because he is ill.'" I have tried to abide by the above, and I believe with benefit to my patients.

One often meets with a form of winter cough, bronchial irritation, or catarrh

which I have found difficult to subdue by the ordinary form of cough syrups. I will give the formula which I often use, in hopes that others may use it with benefit:

℞
Petroleum emulsion with the hypo-
phosphites ounces 6
Terebene dram 1

Mix. Sig. A teaspoonful every two to four hours.

Sometimes I write it this way:

℞ Petroleum emulsion...ounces 5
Balsam peru.....ounce 1

Mix. A teaspoonful every two to four hours. I have been able with the above to cure more chronic bronchial coughs, and see the patient improve generally, than with any other method I have ever tried. There is a good reason why this does the business. Please figure it out.

I note one writer in the last number of the THERAPEUTIST presents a novel treatment for retention of urine in newly born infants. I will add mine to the list. In the winter of 1877 while attending the E. M. Institute, and hearing Dr. J. M. Scudder lecture, one morning when he was talking to us on medicating newly born children, he incidently mentioned retention of urine. He advised the following as a remedy. Triturate one grain of santonin with nine grains sugar of milk and give one-half to one grain every two to four hours. Since then I have used no other remedy and I frequently recommend it to my young friends and they report success. Seldom is it necessary to give more than two doses. I do not know how or why it succeeds, but it does.

I do not believe in dogmas in medicine, nor in anything else. The mind constantly grows and it is death to anchor, but it is life to go ahead and grow. If there is any little thing in this article that will help add to the sum of medical knowledge, I shall be more than gratified.

CHRONIC CATARRHAL ENDOMETRITIS

JOHN B. STANDLEE, M. D., PEORIA, ILLINOIS.

This is a condition of which little is said, but of which almost all women complain of sometime in their life, from the period of adolescence to that of the menopause. It seems to be more prevalent nowadays than in former years. All who are in the medical profession know the etiology, symptoms, diagnosis and pathology of this subject. But that is not all to a patient who is suffering the untold miseries of this condition; in fact, it does not help the patient if the treatment is absent. What does a patient care how much the physician knows of diagnosis and pathology, if he cannot promote the cure of her conditions, especially in chronic catarrhal endometritis?

Catarrh is the abnormal secretion and free discharge, from any mucous surface in the body. It is caused by irritation, therefore, catarrhal endometritis is an abnormal secretion and generally free discharge from the mucous surface of the uterus caused by irritation from different sources. It may be caused by laceration of the cervix; by abnormal gestation and labor; by abortion; by specific inflammations, or instrumental manipulations of the uterus, and by contracting colds during the menstrual periods.

Irritation is thus the cause of catarrhal endometritis, and congestion is the effect. And as congestion continues and increases, the entire system suffers from impaired nutrition and functional wrongs, and from lack of blood to each part as in normal health, the uterus is highly congested. The nerves become involved causing hyperesthesia; the lacteals and lymphatics absorb the excrete matter and waste products that are retained too long. With the excretions diminished, the constituents of the blood are changed, vitality is impaired, and the system is without protection. As this condition is prolonged, the blood goes from bad to worse, being contaminated with the excretory products of the body, and thereby make

it necessary for the system to institute an unnatural channel for free elimination, being manifested by an abnormal discharge from the uterus.

The exudation from a pathological endometrium, becomes so irritating and acrid as to produce hyperemia, inflammation, and ulceration of this membrane through which it exudes. Therefore local treatments are necessary to control irritations, prevent reabsorption of exudations, and restore the mucous surfaces to normal conditions.

There are many ways practised by physicians in the administration of local treatments. The intra-uterine therapeutics of the day, such as the application of caustics and the curette to the interior of the uterus, have, doubtless accomplished results mainly by arousing trophic activities of the part, but as stated by Apostoli, in 1887, "the general reproach, which may be made against all intra-uterine therapeutics adopted so far, might be formulated as follows:

"1. It is brutal, blind, and is dangerous in inexperienced hands.

"2. It is difficult to localize.

"3. It is more or less instantaneous in action, and this effect generally ceases after its application.

"4. Its dosage is wanting.

"5. It treats the mucous membrane but is wanting in direct action upon the parenchyma.

"6. It sometimes results in sterility."

At this time there is one, Dr. Charles Woodward, of Chicago, who is the author of an original method of Intra-Uterine Medication. Before completing a general study on the above subject, each physician would be wise to learn of this method and use it in his everyday practice. It is a very successful method.

COMMENT.—Dr. Woodward's method is very simple indeed. In the main it consists of thoroughly irrigating the interior of the womb through a silver, return flow, catheter, very simple in its mechanism also. This is done first by plain sterilized water; then follows the injection of a solution of peroxide of hydro-

gen. This produces decomposition, which is allowed to continue for a short time, and the products are then washed out with sterile water. After this, whatever medicine seems to be indicated by this method of application, is introduced, the doctor having made, during thirty years' use of the method, very important observations concerning the application of different solutions. As Dr. Standlee says, the results are very satisfactory. Dr. Woodward argues that with other toxic excrete products, the commonest cause of catarrhal conditions is the excretion through the mucous membranes of the excess of sodium chloride which nearly all patients take.

THE CAUSES OF DISEASE

JOHN SIMMONS, GOOLE, ENGLAND.

I was very pleased with your editorial remarks under the above heading in your May issue as they seem to indicate dissatisfaction with our present knowledge of germ pathology, and a desire to determine the truth as to the causes of disease. In this particular I hope you will keep pegging away and add more power to your pen.

To assign germs as the cause of pneumonia seems to me absurd, especially to those who have had a big dose of it, and in winter time too when the severe cold is supposed to keep germs in check if not to kill them. I take my own case for an instance. Thirty years ago in November I was a strong man, when one afternoon I set out to make some business calls at a distance of about two miles. I had been inside all the day, which appeared a nice one outside, and I thought the walk would do me good.

I set out about four o'clock and without the precaution of a wrap, which I did not think I should need. I had no sooner left the short streets and got into the open, when I discovered it was much colder than I had thought it, but as the days were then very short ones, and time pressing I would not retrace my steps for a muffler. It would have paid me best to have done so, as my neglect cost me dear and nearly cost me my life.

A severe chill was the result of that venture, the cold became intense before I returned and although I had tea with

some friends and got warm before I set out for home, the mischief was done, and pneumonia was the result.

A germologist might try to make me believe that a germ was responsible for the long train of symptoms, and the sunken condition of my eyes which occurred within eight days or less, but I could not believe him. He might just as well try to persuade me that a germ is responsible for cold in the head which often follows wet feet. I have never yet seen a satisfactory explanation of the *causal nexus* of these two events. I don't know if one is forthcoming. To say that it is due to a germ, is not to explain it, nor is it a satisfactory statement either, though a very easy one to make.

Take the "specific germ" of diphtheria for instance: I think the babble about contact and carriers so glibly indulged in by medical officers of health, rather too much for sane and healthy people's credulity? I think that the specific germ in the throats of the healthy, waiting to get into the throats of the susceptible before there can be any diphtheria clinically, partakes too much of "tommyrhotomy" to be believed by sane people. I think so surely.

In what does specificity consist? And how much of it is there in a specific germ that produces no disease in healthy throats, and is but one factor, possibly the least important one, in a given disease? And what is the pathological *modus operandi* of his specific germship when he arrives in the throat of a susceptible subject? And by what process of jugglery does he reach this his destination, from the throat of the healthy individual?

To render a community immune, the proposal is to antitoxin the lot. But why not seek to bring susceptible subjects to normal conditions, in which it seems this specific germ can do no harm? And keep the antitoxin poison out of the system for who as yet knows its ultimate effect upon the human organism? It

has not yet had vogue enough to be able to say with any degree of certainty, what may be the ultimate outcome of its administration. We know it kills. We also know its rash is contagious and will affect whole families. And we should know that it is a principle of therapeutics not to do harm. But germology seems to drive everything else from the head of otherwise sensible people. Talk about food cranks, and other cranks. Is not the germologist crank the crankiest of them all? But "enough said."

Fortunately the profession is not obliged to accept a germ theory so contrary to the old tradition, for there are two theories in regerms and the part they play in disease. The one theory, the more generally accepted one, to be sure, regards germs as the cause, one may say, the outside cause of disease, and ever on the alert to gain access to the human organism to destroy it. The other theory is that disease is "of us and in us" and that the germs found in connection therewith, are the effects of such disease—as is maintained by those not carried away with every whim or fashion. Hence old tradition is not sacrificed by it. But unfortunately the false, but generally accepted theory, is buttressed by commercialism in nearly every civilized country of the world.

I hardly need point out to readers of ELLINGWOOD'S THERAPEURIST what this means. But it means that money, three parts of the medical profession, and talent of the first order, are engaged in perpetrating what seems to be very little else than a scientific fraud, though regarded as scientifically true by its present advocates and partisans. The true germ theory therefore has to fight its way against enormous odds. Still you know the old Latin saying: *Magna est veritas, et pravelebit.*

I have little doubt that if we seek truth for its own sake and for the love of it and that if we examine this germ theory

business, *acquo animo*, the truth thereof will ultimately disclose itself to us suffering humanity. The wide world o'er demands such examination; a noble profession jealous of its old traditions cannot well refuse it. Anyhow with the possibilities of the vegetable kingdom still unknown those of the medical profession who drew their faith from the medical reformers and who still believe in the vegetable kingdom as the source from which their healing agents should come, should have little hesitation in examining and rejecting a germ theory which would commit them to the poisoning of the whole human race.

Immunization is best brought about by bringing each human organism up to the normal standard by other means than by poisoning the life's blood by any beastly concoction. A healthy organism is always germ proof and always will be. If each organism is composed of living cells, can you by either sense, reason, or philosophy inject into such organism any concoction that will destroy such cells as the concoction may reach? I cannot. But if as seems likely each living cell is composed of living anatomical elements, is not the objection to such concoctions all the greater? I think so. And the greater the reason for further investigation.

THE TREATMENT OF RHEUMATISM WITH BUCKBEAN (*MENYANTHES TRIFOLIATA*)

G. H. FRAMPTON, M. N. A. M. H., EASTLIEGH,
ENGLAND.

I have chosen this herb as it is a favorite in my practice and one upon which I rely for success in the treatment of rheumatism. Formerly I used several agents, generally in the form of a compound, but for some time I have abandoned the system of using medical conglomerations.

Speaking to a practitioner a few weeks ago on the subject of prescriptions, he stood aghast when I told him

I seldom use more than three agents in prescription, and sometimes only used one combined with a stimulant or aromatic. It was his practice to use twenty agents in a compound, and this he considered a scientific preparation. I asked him which agent in the compound he depended on and how. In reply, he compared it to a piece of machinery, there being some agent to influence every organ in the body. It was therefore bound to be effective, and errors in diagnosis need not be considered as likely to impede the cure. This is quackery and foundationless rubbish.

The therapeutic properties of an agent should be thoroughly understood by the practitioner before he attempts to prescribe it, and only such agents put into a prescription as the symptoms indicate. Sometimes we find complications, then it is necessary to use three or four agents; but in cases where the disease takes a definite form to use a host of agents is unscientific.

If you want to poison a dog you would never think of mixing twenty poisons to give the brute; you would give the one most likely to do the work the quickest. Just so should we aim to deal with disease. A practitioner should aim to discover what effects on disease each agent given, has, and only prescribe those that will favorably influence the condition.

This is an easy matter in the case of poisons, but with non-poisonous medication it becomes more difficult, and approaches art, for this reason many have abandoned the use of nature's remedies; but the art acquired makes the physician. Even if poisons could be considered beneficial, their effects vary, and while the dose is being determined for each patient, the patient must often die.

According to accepted theory, salicylate of soda is a specific for rheumatism, and is given in doses of fifteen grains three times a day. How does it act? It is a powerful stimulant to the organs

engaged in the production of bile. While these organs can bear the unnatural stimulus produced by the drug, the rheumatism is thrown out, and with it the vitality of the system. The patient thinks himself cured, at any rate he is better of the rheumatism, but he feels weak, is troubled with flatulence, and digestion seems impaired. He is told, "you need a tonic to pick you up and you will soon be well again." Iron and quinine or strychnine is given, and before the second bottle is taken the secretions are locked up and the rheumatism returned worse than before. Some more salicylate of soda must now be taken—the farce goes on till at last the poor faded liver lapses into inertia, and refuses to act even though mercury in various forms is administered.

The disease by this time is master of the situation, and has gained its position as the result of this drugging; deposits round the joints now become permanent, the cure is impossible; the poor, ill-used creature is pushed about in a chair for a few years; suffers indescribable agony, till death ends the scene. Had the vital powers been strengthened instead of used up, the opposite state of affairs would have been produced. The liver was not the cause of the disease. Why, then, make it the scapegoat. Rheumatism is said to be hereditary; it is more true to say that in some families the tendency to rheumatism is greater than in others. The proximate cause of rheumatism is somewhat obscure. No doubt a chill or cold generally lays the foundation, by interfering with the movement of the blood through the capillaries, which deprives them of a portion of their nervous energy which is necessary to their action. Rheumatism produces pain in the joints and muscular fibers connected, the pain is caused in the bones and round the joints, owing to obstruction of the lacunæ and canaliculi, the pain in sympathy sometimes extending along the nerves

governing metabolism and through the muscles surrounding the nerves directly connected. An agent to be effective in rheumatism must be capable of correcting perverted metabolic processes either in the bones or muscular fibers. These conditions are not so much the result of impairment of some blood-making organ, seeing that rheumatism is often found in persons otherwise healthy, but they are the result of deficient energy in the nerves governing the nutrition in the affected parts, and the appropriation of nutritive qualities.

The conditions causing rheumatism may be met and corrected by Buckbean, a plant common in England and growing in bogs and in marshes. It has an intensely bitter taste, but is a valuable deobstruent, tonic and alterative. It may be regarded as a specific to remove the causes of rheumatism, and is best used in the form of a glycerinated fluid extract, but it may be used as an infusion.

The following prescription has proved superior to any other remedy in my hands, and I have searched the pharmacopeia through:

R
Glycerinated extract of buckbean. oz. $1\frac{1}{2}$
Glycerinated extract of gentian. . oz. $\frac{1}{2}$
Tincture aurantii oz. $\frac{1}{2}$
Aqua, q. s. oz. 8

A tablespoonful in a wineglassful of water three times a day before meals.

The Physiomedical Journal.

THE PHYSIOLOGICAL ACTION OF DRUGS

G. H. HANSON, M. D., ULYSSES, NEB.

What is the physiological action of a drug? It is its specific action, in medicinal doses, on some certain tissue or organ, by means of which it is enabled to counteract certain pathological conditions of that part, and restore it to a normal (physiological) state.

I wish to protest against the custom in vogue of classing the action of excessive doses as physiological. When a drug produces symptoms which denote

an abnormal condition, its action is certainly not physiological, but most emphatically toxic. How may the physiological action of a drug be determined? The usual method has been to experiment on various animals.

Unfortunately, the doses administered have generally been much too large and the good accomplished has been, largely, in determining the drugs toxicity rather than its physiological action. We have a large number of drugs whose actions are not well understood but whose places in medicine are definite and reliable, and we know the exact conditions in which they are remedial.

Why not then, having an undoubted truth as a starter, try the Sherlock Homes stunt and reason backward from that truth? To illustrate, the indications for the use of copper arsenite are as follows: "Diarrhœa with frequent, voluminous discharges. With this there is often violent vomiting of a large quantity of watery substance, and sharp, cutting colicky pains. The stools are tinged with green and are usually of a stinking, nasty odor."—Ellingwood.

I, and thousands of others, have proven many times that when the above indications are present, copper arsenite is an absolute specific. When these indications (symptoms and signs) are present, what is the pathological condition which gives rise to them? The diarrhœa and colicky pains denote intestinal irritation. The fetor and greenish color of the stools suggest an excess of bile. This causes an irritation of the mucous lining and a profuse mucous discharge.

With an excessive secretion of bile, an excessive mucous secretion, and a general irritated condition of the bowel, what must be the action of the remedy which corrects this? It obviously must inhibit the secretion of bile and of mucus, and probably acts as an antiseptic. I have experimented in an effort to verify or disprove the above. Several times I have given podophyllum and leptandra

until free catharsis was established, when I administered minute doses (1-1000 gr.) of copper arsenite. In each case the catharsis was soon checked and the stools rapidly became light clay-colored, showing that the secretion of bile had been diminished.

In a case of diarrhoea with clay-colored, mushy, scybala laden discharges, I gave this agent. The condition not only was not relieved but was intensified. Some writers attribute a diuretic property to copper arsenite but such an action has not been apparent to me, perhaps because I have used it only in minute doses.

I think we should, by all reliable means, establish the physiological action of drugs, and by this I mean their specific action upon the various tissues and organs in medicinal doses. The more we develop along this line, the more proficient we shall become as therapists.

I suggest the above as one method of study.

SOME PRACTICAL "DON'TS"

RALPH M. MORREL, M. D., LINCOLN, NEB.

Don't draw sutures too tight; so-called infection results from strangulated circulation.

Don't try to get a full-grown placenta with a curette; use your hand.

Don't irrigate unless indicated by odor; then do it frequently under low pressure.

Don't use dusting powders on clean wounds; plain gauze is enough.

Don't catheterize a female "patient" under the clothes; see what you are doing.

Don't forget to be clean with your pus cases.

Don't go blind on indications; get at the cause.

Don't forget that para-typhoid is what Scudder called synocal fever.

Don't forget that rheumatism is dependent primarily upon gastro-intestinal derangement.

Don't operate if you don't know how.

Don't forget that accuracy in therapeutics depends upon constant study.

Don't weaken a patient with baths.

Don't operate on infections; use wet dressings, and constant irrigation; if pus is inevitable, open and drain.

Don't forget to wash out the bowel for tenesmus.

Don't use poultices; use saturated solution of boric acid, and keep the dressings wet.

Don't give too much medicine.

Don't be a therapeutic atheist.

Don't make a snap diagnosis.

Don't grope in a belly full of pus; wash out carefully, drain with gauze; your patient may live.

Don't forget that protracted temperature during convalescence may be due to tissue starvation; feed your patient.

Don't dress tibial ulcers too often; put them at rest with adhesive strips and let nature do the rest.

Don't forget to free an infant's prepuce; it may be the cause of much trouble.

Don't give a child with acute or sub-acute milk infection, milk.

THUJA

W. LEMING, M. D.

The action of *Thuja occidentalis* as defined by "The Eclectic League for Drug Research," is as follows:

Chronic or sub-acute diseases of the skin and mucous outlets, marked by low discharges, atonicity, and perverted tissue growths and changes.

The main action of *Thuja* appears to be upon the skin, genito-urinary organs more, probably, than any other known to remove warty excrescences, polypi, and various forms of growths on the skin; reports have been made of cures by it, of some cases of *nævus* and *epithelioma*. It stimulates urinary activity, causing copious and frequent flow of the urine, relieving and curing some cases of prostatic disease, and chronic urethritis, its action here being nicely shown in the

relaxed conditions where dribbling of the urine ensues. Its action is typically stimulant and tonic.

In the treatment of cancer, it promises more, probably, than any other known drug. Dr. J. E. C. Waddington, Michigan, reports a case of so-called "Rose" cancer involving the cheek of a lady nearly eighty years old, in which the effects of the drug was remarkable in checking and limiting the growth. Unfortunately, the case was not followed up. The remedy was given internally, and applied locally undiluted. The Doctor uses it locally in all indolent ulcerations and diseases of the surfaces, and considers it far superior to balsam of peru and similar drugs.

Dr. G. T. Fuller, Kentucky, uses it in all benign fungus growths on mucous membranes, and warty growths on the skin; he claims it will reduce the size of the prostate gland, relieving troubles incident to it.

Dr. Eli G. Jones, New Jersey, lauds thuja very highly in the treatment of rectal cancer, 20 to 60 drops being injected into the mass every second day. He also uses it successfully in cancer of the throat, internally, and as a spray, and in cauliflower cancer of the uterus, keeping constantly applied, a cerate, in the proportion of one part of the oil to sixteen of the cerate base. Very emphatically he says, "It is one of the few remedies we have that *does* have a curative action on cancer."

Its action on syphilis seems worthy of study, and all venereal diseases are benefited by it at some time in their course. It seems to have no especially poisonous action.

Report for November 1st, geranium; Dec. 1st, rhus tox.; January 1st, sanguinaria. Reports are solicited.

Life is a succession of lessons which must be learned to be understood.—*Ralph Waldo Emerson.*

Letters

A PLEA FOR SPECIFIC STATEMENTS

Editor Ellingwood's Therapist:

Why is it that so many contributors to medical journals will persistently express themselves in a very uncertain manner upon matters relative to the specific uses of medicines in disease? There certainly is a constant inclination on the part of some writers to be as indefinite as they can well be; their thoughts are vacillating and their expressions vague; their intent is practically undiscoverable, and one is skeptical about the sincerity and correctness of their phrases—all because their communications are worded with too much uncertainty and are practically devoid of any accuracy and precision.

Such methods are to be deplored, for they can never accomplish anything good for the therapeutic cause, simply because they lack the very principle upon which definite results depend. Positiveness, definiteness and accuracy in diagnosis are the very *sine qua non* of direct and progressive medication; the sharper the definition is of the former, the more effective, appreciable and thorough will be the latter.

It does seem that no more difficulty should be experienced in giving exact data, than is experienced in issuing an inaccurately written topic; in fact not so much, for the simple reason that in the former instance ordinary intelligence and simplicity only are required, would be manifested and the subject made clear; and for the additional reason that it is easier to do the right thing at the right time, than it is to do the wrong thing all the time; whilst by the latter method, abstruseness and unfamiliarity are made

patent and these practically prohibit any pleasant and profitable participation any reader may have or is intended that he should have, in the written communication.

What the progressive physician needs and wants is more practical articles on medical topics, and fewer of the kind which have "nothing to them." If the subject is intended to be an exact definition of a condition of disease, which condition in turn has been relieved or mitigated by a specified remedy, or by a consistent, compatible and intelligently prepared pharmaceutical or chemical compound, it is easier and certainly more satisfactory generally to tell it briefly and plainly and in unvarnished language, than to hide the intent and make obscure the meaning, by any manner of juggling or mystifying expressions, or to attempt to cover an individuality with a cloak of generality.

Here comes along a writer in Smith's Journal and says that "in fevers of childhood he always gives a combination of equal parts of boneset, sweet spirits of nitre and aromatic spts. ammonia". We can assume from this that he means that if he is called to treat children who have fever he always gives them boneset, sweet spirit of nitre and aromatic spirit of ammonia, but he does not say whether the dose of his medicine is a teaspoonful or how much, nor whether the boneset is used in the form of powder, extract, infusion or tincture. He has his formula for fever and that is all there is to it, and this kind of literature is forced upon the reading fraternity.

Would it not be far better to briefly and concisely describe the pathological condition which was relieved with a specified remedy or remedies; or if the real pathology of the case is obscure, state accurately and in exact language what the pathological expressions were and the probable import of the various symptom features; and if even this is

impossible, state what symptom or group of symptoms, as they were manifested, were abated by the administration of any particular medicine, adding a few words concerning the dose and the frequency of its administration. Getting down to "rock-bottom" facts is what puts us in position to prove our worth to the poor devils who call upon us to relieve and cure them of their ailments.

J. S. NIEDERKORN, M. D.

Versailles, Ohio.

Comment.—I thought I had been saying the above things several times in the past two years, but when I read the doctor's clear-cut, comprehensive statements, I find that I have been "beating around the bush." I wish every reader of this Journal would drink in every word the doctor says, and would improve his method by it. There is abundant room for improvement for us all.

SCEPTICISM AND SPECIFIC METHODS

Editor Ellingwood's Therapist:

In a conversation recently with a man who travels for a large drug house, he remarked, "Well, there is not much certainty about medicines, anyhow." He had been a practising physician. We presume that he found ordinary business more congenial and more profitable; hence more certain than medicine. Nearly every week we are approached by an agent of this kind who has quit medicine and has taken an agency for medical books, drugs or instruments. Ninety-nine out of a hundred of these fellows are positive that there is *no certainty* in medicine, for they have tried it.

They are honest gentlemen, and believe exactly what they say. The secret of their failures lies in the fact that their experiences were based on the administration of physic, opium, quinine, calomel, the coal-tar derivatives, together with a few other patented German products, and a number of ready-made, hand-me-down, cut-and-dried proprietary mixtures, or perhaps tablets, such as they are now trying to sell. Their experience may make them good agents, but we fear

however, that these traveling men more than any other factor known to us, tend to destroy the faith of the profession in medicine. Their very business lives depend upon their ability to uproot any present convictions the doctor may have on remedies in their special lines, and to succeed in convincing him that the product presented by them, is superior to anything known to the doctor, or ever produced before.

As a rule, we do not believe that good eclectics are caught by this kind of chaff. We have never known an eclectic physician to quit the practice of medicine because of its uncertainty, to become a book agent, or a patent or proprietary medicine vender. There is absolutely no need of an eclectic becoming a common peddler because uncertain results follow the administration of his drugs, for expected results do come to him as sure as "death and taxes," come to the common herd.

When an eclectic adds five drops of specific aconite to four ounces of water and directs that a teaspoonful of the mixture be given the patient every hour, he knows exactly what that medicine will do.

The first necessity, therefore, with an eclectic is to have a clear-cut definite idea of the effect he desires to produce, and then give his specific remedy for the indications or demands, as presented in the case before him. There is not an element of uncertainty in the prescription, or as to the result that will follow its administration. This is true not only of aconite, but of specific gelsemium, jaborandi, phytolacca, bryonia, and so on through the entire list. Every one of them is given with the same assurance and certainty, that the ordinary physician gives those in common use, such as his Epsom salts, his opium, his castor oil, or his calomel. The effect of these last-named remedies when given, is not one whit more certain than is the effect of

any one of our specific medicines, when properly given. When such results are always obtained, there is no place for a cry of uncertainty.

As eclectics, we prescribe eclectic medicines after eclectic methods and ideas. The school is original from start to finish; not an off-shoot or branch from any other. It had its own independent start, because of the fact that there was in existence no other school of medicine that was in the least in accord with the medical ideas of its originators.

Eclectic medicines are just as original, just as independent of those of other schools, as was the origin of the school. Where did eclectics get *podophyllum* and *podophyllin*, *viburnum*, *macrotys*, *asclepias*, *echinacea*—a dozen of other remedies we might name? Of whom—from whose *materia medica* have they chosen them?

The basis upon which they are prescribed is just as independent, and just as original as the origin of our school, or the origin of our remedies, and our *materia medica*. For the life of us, we cannot see wherein eclectics do now choose, or even have chosen the best from other schools, or from all sources. We believe we would be pleased to see some of these "choose the best" leasers, put themselves on record in our journals, saying that as a school we are parasites—having nothing but what we have stolen from others. Frequently men will say things that they will not write. We believe that the great mass of eclectics is sound to the core in both, in principle and practice. Let every man today decide where he is at.

J. L. WOLFE, M. D.

Cedar Falls, Ia.

TREATMENT OF DISORDERS OF THE PREGNANT PERIOD

Editor Ellingwood's Therapeutist:

Recently a woman who is just beginning the menopause said to me, "O, I am

so nervous; it seems I shall go insane." Knowing she was much attached to their family physician, I said, why do you not tell your doctor, and get relief? She replied, "I have told him, but he says, 'it is owing to my condition, and I will just have to be patient until it passes off.'" Hard is this, and what are doctors for, anyway, when thousands of women go down to the very doors of hell, in suffering, during a purely physiological process of nature, and there is no help for them according to the practice of about nine-tenths of the profession.

Many times I have been told by pregnant women, of their intense suffering from flatulence, heartburns and other ills simple in themselves, but able to render life a burden almost past bearing, when neglected, and to my suggestion that they tell the doctor in whose charge they are, the reply would be, "O, he says there is no help till the baby comes" so the trouble brews, and the poor baby has to take the consequences in colic and in other serious disorders.

In the first case mentioned a few doses of gelsemium with a tonic of avena and colorless hydrastis would have removed the nervousness. She had the full indication for gelsemium, contracted pupils, bright eyes, and flushed excited countenance. It would relieve the headaches, for which she takes a preparation containing morphine and is in danger of contracting the morphine habit. But what could I say? She is not my patient and she will take the morphine preparation spite of her own doctor, who advises against it, but does not give her anything in its place.

LENA R. WHITFORD, M. D.

Thomasville, Ga.

COMMENT.—The doctor has touched upon one of the greatest oversights the total profession today, is making, that of negligently refusing to treat the ailments incident to the menopause and the pregnant state. I cannot realize how it is possible for intelligent physicians to be so negligent of conditions which are productive of such serious results.

Therapeutic Facts

SINGLE TRUTHS FROM MANY DOCTORS AND MANY TRUTHS FROM EACH DOCTOR

Aesculus in the Treatment of Hemorrhoids

I have recently treated successfully a case of piles, the record of which I think, will be of benefit to other readers of the THERAPEUTIST as the results were exceedingly satisfactory. The patient, a man thirty-one years of age, had four large external piles which were soft, of a very dark, purplish hue, and bled readily. They had been present in this aggravated form for nearly four years when he consulted me.

At first, with a small glass syringe I injected thirty drops of thuja and ten drops of water into the rectum, morning and night. After a day or two I used thirty drops of thuja full strength. I gave the patient internally ten drops each of collinsonia and hamamelis every two hours and applied these remedies externally.

This course of treatment caused some improvement in the general condition, but the tenesmus which followed bowel movement, and the pain present at that time, were excruciating, and no means that I could use for some time, not even hot applications, would give any relief.

I then prescribed specific aesculus, ninety drops in four ounces of distilled water, and gave a teaspoonful four times a day. On the third day the tenesmus was relieved, and the distressing symptoms soon disappeared completely, and the patient went on satisfactory to a complete cure of the external piles.

I have not recently examined to determine the character of the condition within the rectum, but the patient feels fine, and both he and myself are well satisfied with the cure.

A. J. JEDLICKA.

Diabetes Mellitus

For two years I have had diabetes mellitus, and, of course I have been anxious and have used all the commonly advised methods of treatment for its cure. I have taken different prescriptions from brother physicians, and have placed myself on the strictest possible diet. More recently I concluded to use Dr. Burgess' "Double Sulphide" and from this I have received benefit. I am certainly better. I sleep soundly, having to get up not more than once during the night. I was troubled with constipation, but this remedy has relieved that. I have one good free stool early each morning. I previously was troubled with a great deal of flatulence which has also been overcome.

I take an Epsom salt bath with a large sponge each night, before going to bed. The sugar is materially reduced in the urine, and the quantity of urine is only a little above normal, and the pruritis which was so troublesome at first, has now disappeared. I believe this preparation is going to cure me. I take about five grains five or six times a day.

The method advised by Dr. Burgess for making this preparation is the following: Take one part of sulphate of magnesium, one part of sulphur, and four parts of air-slacked lime. Mix this together thoroughly. Put it into a closed vessel, set it into a hot oven and bake it with about the same amount of heat that it would take to bake a loaf of corn meal bread, then withdrawing the heat, leave the vessel closed in the oven for four hours longer. It should then be put into an air-tight container. The dose is from one to five grains.

S. H. COWDEN, M. D.

COMMENT.—The result of the decomposition of the agents named would probably be to form a nascent calcium sulphide with free sulphurous or sulphuric oxides. The magnesium sulphate would probably be unchanged and there would also be an excess of one or the other of the original constituents. It is certainly a crude mixture, and in the proportions named, one that is in no way chemically

exact. If there is any quantity of the sulphuric oxide present a calcium sulphate would also be formed which is an inert and inefficient substance as a therapeutic agent.

Local Nutrition for Chronic Ulcers

I have had under treatment at different times cases of chronic ulcer, which for years had baffled all treatment. As has been before advised, when everything else failed, after thoroughly cleansing the sore and rendering it aseptic, we have applied ox blood in the form of bovine. This has been changed every six to twelve hours, and the improvement has been very evident from the first. The healing has been prompt and permanent with proper after care. I am convinced that this method of directly nourishing an indolent phlegmatic ulcer is the physiological mode of cure, of these stubborn cases, which are due to faults of the circulation, whereby the tissues are deprived of the essential nourishment.

F. THEODORE HAINES, M. D.

Succinate of Sodium in Biliary Lithiasis

I desire to present to the readers of the *THERAPEUTIST*, the result of my observations and treatment in the cure of biliary lithiasis. This desire was stimulated by reading an article in the September number of this journal.

I have treated twenty cases successfully, and the results were obtained from the use of five grain-doses of the succinate of sodium. I also used it in conjunction with plain granular sodium phosphate in teaspoonful doses, dissolved in a glass of water, taken every hour in the morning until the bowels move freely. The above dose of the sodium salt was taken in a full glass of water four times a day. In a few cases where gastritis was present I used a teaspoonful-dose of a powder, the formula for which I have found in some of our old writers. It was originated by Thompson. It is as follows:

Bayberry bark, ounces thirty-two; powdered hemlock bark, ounces sixteen; powdered cloves, of each ounces two. Mix thoroughly, give from one-fourth to one-half teaspoonful in a cup of hot water and milk, sweetened to suit the taste, every two hours. This is a very valuable remedy in the treatment of gastritis, and in some forms of stomach and intestinal trouble.

In all my cases this course controlled the pain quickly but the re-occurrence of the difficulty of course is doubtful. As to diet I stipulated that the patient should abstain from the use of greasy foods, pork in any form, the yolks of eggs, and milk, cream and pastry as regular articles of diet.

E. E. HOSMER, M. D.

A Persistent Headache

I would like to ask the readers of the THERAPEUTIST for suggestions in the treatment of the following case. It is that of a man aged twenty-six, who had an attack of typhoid fever in 1896 which lasted for ten weeks. He had another attack in 1908 which did not last as long, and from which the recovery seemed to be complete. He has had no other illness.

Beginning in the winter of 1908, a headache occurred occasionally, commencing over the right eye and finally extending upward over the right side of the head, and then over the entire head. This has increased until at the present time it occurs frequently and is very hard to bear. It may come on at any time and may last for many hours, although occasionally it lasts but a few minutes.

If he should happen to have any anxiety or worry or if he should endeavor to concentrate his mind closely upon any one subject it will occur. Occasionally, however, it comes on with no apparent provocation.

At the onset the sensation is that of a bursting or a crowding sensation within

the brain. Later it is simply a severe general headache, which usually causes him to be nervous and irritable. The appetite is good, the bowels are regular, but the sleep is somewhat disturbed and he has emissions as often as two or three times a week. He has had his eyes tested and glasses adjusted but this does not seem to benefit the condition. For two months past he has had treatment with the Leucodescent light and vibration, but without much benefit.

If any reader of this journal will suggest a course of treatment that will cure this patient I shall appreciate it very much.

E. T. SAGER, M. D.

COMMENT.—Autointoxication and sexual and perhaps general, neurasthenia, probably lie at the bottom of this trouble, and they should be treated. There is sexual irritation which should be closely looked into, and any excesses of any kind whatever must be stopped at once.

Aqua Cinnamon in Diabetes Mellitus

Having this disease from my parents, and having had the same in active form for about eighteen years, I feel like speaking right out in meeting. I have tried about all the remedies advertised for this disease, with good and bad results, even prussic acid. This medicine will stop the disease but it may send the patient to Davy Jones' locker. I just escaped the said place.

During the hot weather in July, I drank too much cold water, and had cramps in my stomach for a few days. Different remedies were tried with varying success. One day I took one ounce of cinnamon water, sweetened with saccharin; this relieved me at once. To make a long story short I have found the remedy for my diabetes. My sight has improved, also hearing. I have gained strength, sleep well, and feel tip top.

There is now no sugar in my urine. I eat a few forbidden articles, now and then without any trouble, not too much at a time. I am nearly fifty-eight years old,

but to think that cinnamon water, a remedy so simple, has done what nothing else can do, is most astonishing, but we old diabetics have pains that the world knows nothing about. Try it, doctor, and report your results.

I have used nux as a tonic for years. I now make it a little different.

℞ Tr. nux drams 2

Tr. gentian comp. drams 6

Aquæ cinnamon, q. s. .ounces 8

Sweeten with saccharin. This is all the medicine I take.

O. Houts, M. D.

Incontinence of Urine

I have had good results from the treatment of incontinence of urine by the use of a pill to which I had my attention called some years ago, which is made of ergotine, one-half grain, strychnine, 1-200 of a grain and extract of belladonna, 1-64 of a grain. I have given this pill in a good many cases and usually with good results.

For a child from four to six years old I order a pill to be taken after each meal and one at bed-time. For a child from eight to ten years old I give two pills at a dose, and from fifteen years up and to adults, three or four pills at a dose. I have never had any untoward effect from these pills, and now give them with much confidence. In all cases there has been a gradual recovery. In a few cases there has been very prompt relief, and these in each case had been unsuccessfully treated by other physicians previously. I have found that girls are more easily cured than boys.

I allow coffee or tea for breakfast, and the same in limited quantity for dinner, but I insist upon the patient drinking no fluid whatever, after four p. m., not even for supper.

The bladder must be evacuated at bed-time and if the child is taken up during the night to urinate he must be thoroughly awakened in the time of the act, other-

wise the very condition that exists is encouraged because the child urinates in its sleep.

J. W. LORENZ, M. D.

COMMENT.—There is nothing particularly specific in the above treatment, but there is a lesson in this for us. Belladonna and strychnine act much in the same manner. These the doctor gives in very large doses. It is doubtful what effect the ergotine has in the case, as to a certain extent, its influence is antagonized by the other two remedies. In any case of debility or feebleness, general laxity or a tendency to paralysis of the parts concerned the first two remedies named in the large dose advised should be of benefit. A careful study of the condition, and of the constituents of this formula should, I think, enable the doctor to select for each case one or two of these remedies, specifically adapted, and accomplish everything he claims to accomplish, and do it in an exact and rational manner.

Ignatia and Nux Vomica

Ignatia is very similar in its influence to nux vomica, but there are some essential and important distinctions to be made. It deserves careful study. Those who have used it freely have great confidence in it. Its influence seems to be on the nervous system through the spinal cord. It seems to directly influence the spinal nerve. It is indicated where there is melancholy with secret grief with an inclination to weep without cause; where the patient is very sensitive and easily irritated; where there is a tendency to mental disorder, especially if there are hysterical symptoms, or where in feeble women with sleeplessness there is nervous headache. It will be observed that all these nervous symptoms are accompanied with weakness, anxiety and mental depression. The patient considering the disease very serious. Nux vomica is applicable where the feebleness shows itself in the digestion and in the heart action with general weakness of the different organs of the body without the mental symptoms. These patients are excitable, and exhibit anger and vehemence with their excitability which is more of an active character.

C. G. MORSE, M. D.

A Specific Indication for Hydrangea

I at one time had a case recovering from confinement in which the patient complained of acute cutting pains in the urethra on urinating. Remembering this symptom when present independent of any inflammatory conditions as one calling for hydrangea, I prescribed a half dram of that medicine in a two-ounce mixture in teaspoonful doses every two hours, with a result that the condition was very quickly relieved. This is simply a confirmation of the action of this remedy with its well-known indications.

C. W. G. WILLIAMS, M. D.

Medical Treatment for Gonorrheal Stricture

A surgeon was endeavoring to pass a sound for gonorrheal stricture of the urethra and failed completely. Administering chloroform, relaxation was obtained temporarily and the urine passed, but the sound could not be inserted. A cutting operation was determined upon. While waiting for the time for the operation to arrive I was called in and gave five drop-doses of gelsemium, and five drops of macrotys every hour, until the physiological action of the remedies appeared. As this was my first use of this combination, I was much surprised when the patient of his own accord, got up, urinated freely and easily and without pain, a short time before the surgeon arrived. When the surgeon arrived the patient refused to be operated on, but he continued the remedy and was ultimately most satisfactorily cured. This certainly taught me a most useful lesson.

F. G. JONES, M. D.

Medical Treatment of Appendicitis

When such a widely-known French authority as Robin, gives specific instructions as to the medical treatment of appendicitis with full confidence in its cure,

it certainly looks as if a change was settling down over the treatment of these cases. A surgeon who has operated on well nigh a thousand cases, for appendicitis, stated confidentially long ago that he positively believed that if he had kept an exact record of cases that he had operated upon, that there was not more than one out of seven or eight that were diagnosed as appendicitis, that were true appendicitis cases. He said, however, nobody knew that but the surgeon.

Robin believes in thoroughly emptying the bowels but without irritation. He then gives an intestinal irrigation, with one quart of water which contains a couple of ounces of olive oil, the whole at a temperature of about one hundred degrees. This is done very gently and very slowly, and if possible made to carry the fluid the whole length of the large intestine.

Counter-irritation is applied and the diet is kept very low until the inflammation abates. Codeine is given if necessary to control pain, but very few medicines are used. Another French writer, Zeumer, follows out much the same course that Robin advises, but he washes out the intestines every three or four hours. In some cases he uses a soap suppository only, and believes that this will evacuate the bowels beneficially. He has much confidence in medical treatment.

It often happens when uremic convulsions are threatened in pregnant women that there is a violent diarrhea, with large copious watery movements. For this condition the arsenite of copper in full and oft repeated doses is a very important remedy.

O God, make us what Thou wilt;
Guide Thou the labour of our hand;
Let all our work be surely built

As Thou, the architect, hast planned;
But whatso'er thy power shall make
Of these frail lives, do not forsake
Thy dwelling. Let thy presence rest
Forever in the temple of our breast.

—Henry Van Dyke.

Ellingwood's Therapeutist

A monthly journal devoted to the study of the most direct action of drugs upon exact conditions of disease; issued on the 15th of each month.

Edited and published by FINLEY ELLINGWOOD, M. D., 100 State Street, Chicago.

Subscriptions, \$1.00 per year in advance and One Therapeutic Fact, which should be sent with the subscription.

Editorials

DOCTOR! You are beginning today to **SEND IN YOUR MONEY** for your subscription for the coming year. **DON'T FORGET THE FACT.** Take 15 minutes to write up a sharp specific practical observation you have made that you have not seen in print or a confirmation of something not generally used, or some other valuable interesting or practical observation. **DO IT NOW.**

ORIGINAL THINKING AND EXACT KNOWLEDGE

If there is in any profession, a need for the members of that profession to each think for himself it is certainly true of the medical profession. There is no condition presenting itself, in which the doctor is justified, in tamely following the advice laid down in the books. He must do his own thinking for each particular case.

There are no two conditions that are exactly parallel, and nothing is more simple than to jump at a conclusion and force a parallel, and use some preparation, for a supposedly similar case. The condition must be actually a similar one. The conditions must be exact, and the doctor must think this out, and go into every detail for the purpose of determining that they are so. Eclectic physicians are getting credit for having done some original thinking. If any body of physicians have ever blazed trails along new and unexplored lines, it has certainly been the investigators of our school.

Plain, common, horse-sense is a very strong factor in the obtaining of prac-

tical results in the lines in which our investigators have trod, and this same factor with the inclination to doubt the efficacy of routine methods, and to determine exact conditions, thinking often in an entirely new line, is just as essential for the physician today—for the medical student—for the young doctor, as it was for the original investigator.

At the same time it is not wise to discard tried and proven methods, until something better is positively determined. We must go slow, we must think carefully, we must draw final conclusions, which will stand comparison with those previously determined. It is not as necessary to go on adding new knowledge, as it is to determine the precise practical utility of that we now possess.

THE CAUSE AND TREATMENT OF DIABETES

Recent writers seem to be more and more impressed with the fact that disease of the pancreas is the cause of diabetes. Cecil of New York in the observation of ninety cases concluded that this was the cause of at least eighty-five percent. of the cases. Others making independent observations seem to agree with him, in the main.

If the elimination of sugar is in whole, or in part, due to the fact that its molecule is unchanged in the chemical action that must take place in its digestion, this alone would direct us to lesions of the liver or pancreas, as underlying the disease. We have found liver remedies to be beneficial in some cases of diabetes, and in every case of pancreatic disease that I have been able to diagnose, I have found some benefit from the use of bryonia.

I believe it would be a good plan to determine what remedies seem to have a selective action on the pancreas, and to prescribe them in diabetes in order to make observations as to whether an apparent influence could be exercised upon

the disease, by the influence of the remedy upon the pancreatic gland.

I am inclined to think that chionanthus, the remedy we have gotten the best results from so far in diabetes, extends its influence to the pancreatic gland, and theoretically I am inclined to think that chionanthus, bryonia and hydrastus persisted in, under proper circumstances will be found to favorably influence this condition.

I wish some of our readers who have an unsatisfactory case of diabetes on hand would adjust these three remedies in proper proportion to the patient and continue their use with proper dietary for a period of weeks making a record of all conditions and especially of the fluctuation in the quantity of sugar that may be observed and report the results of that treatment to me.

THE SALIVARY GLANDS IN FEVER

It is quite common in fevers to observe almost complete inactivity of the salivary glands. A serious complication in protracted disorders of this character is the inactivity of the stomach, and the tendency to persistent torpor of the intestinal tract and the difficulty with which the patient is nourished.

The salivary glands play an important part, in their influence upon the secretion of the gastric fluids and yet they are seldom considered in the treatment of a case. One of the first restrictions placed upon a patient with typhoid fever is that all solid food be discontinued. As soon as that is done the salivary glands lapse unto a torpid condition and the gastric glands as well, are not properly stimulated. Many of our readers will have observed parotitis or inflammation of the sublingual or submaxillary glands during the course of a protracted fever after a long period of very dry mouth and dry tongue. One of the worst cases of "mumps" (which of course was not mumps) that I ever had, was a case of

this kind. There was suppuration in both glands.

I believe that this condition can be remedied in a very fortunate way, by the use of a good aromatic aseptic chewing gum, and many patients would be glad to chew gum, to relieve the tedium of the long days or nights. This first stimulates the glands. It relieves thirst, and dry mouth, prevents many cases of unpleasantly coated tongue and sordes; prevents the appetite from becoming dormant, and at the same time will materially improve digestion by directly stimulating the secretion of the gastric juices. This can be easily demonstrated. If any tendency to nausea is present this will be overcome, also, to an extent, and sometimes fully, by this course. I believe also that it materially aids in the absorption of medicine. I have had no recent opportunity to try this simple course but I believe it practicable and efficient.

THE INFLUENCE OF ALKALINE MEDICATION

No condition is commoner with stomach troubles, than an excess of the acids in the stomach fluids. Many cases of acute—extreme—pain are due to this condition alone, and are relieved very quickly by a dose of the bicarbonate of soda, 30 grains.

An excess of hydrochloric acid greatly retards digestion, and often to reduce this, a large quantity of alkali is needed after the meals. Gastric ulcer is always accompanied with an excess of acids and alkaline treatment is needed in these cases.

When the alkali is given after the meal, it neutralizes a corresponding amount only, of the acid and must therefore be given in a large dose to diffuse itself through the acids that are in the stomach at that time.

Theoretically—and the truth of this theory is borne out in practice—if from

eight to twelve grains of bicarbonate of soda with five minims of fluid hydragric, with a little tincture of ginger, or in some cases a minim of the tincture of capsicum (especially if the mucous membranes of the stomach are somewhat enfeebled) be given before meals, this materially stimulates the pouring out of the gastric juice *before* the food is introduced, and when this is given, there is not an excess of hydrochloric acid, during the meal. This course also prevents lactic and butyric acid fermentation that is so apt to occur afterward.

This simple course is sometimes curative in cases of persistent hydrochloric acid gastritis, and is more practicable than the use of artificial digestives, as with this course the digestion is brought about by normal processes.

SALT AS A TEST OF KIDNEY FUNCTION

There is no excrete renal product more easy to determine than sodium chloride. Both the quantitative and qualitative determinations can be readily made.

Zagari has been making a series of tests to determine the output of common salt, comparing that of healthy individuals with cases suffering from the various forms of kidney disease. With a test diet he determined that in health, from one to 1.18 percent. of sodium chloride was eliminated, the elimination reaching its maximum in four hours and nearly ceasing by the sixth hour. If nephritis was present the elimination with the same diet only reached nine-tenths of one percent. Usually it was less than seven-tenths.

He found that with healthy kidneys there was diuresis following the taking of salt, but in nephritis there was no diuresis. In certain other kidney disease the elimination of salt began very late and was much less pronounced. He regards this test as the easiest, simplest and most reliable means of determining the proportion of correct functional ac-

tion of the kidneys.

When I was lecturing on kidney disease some ten or twelve years ago, I made a number of observations, that proved to me at that time, that a correct estimation of the quantity of salt eliminated, would enable us to diagnose much more closely very many conditions of diseases. I was positive then, and have become more fixed in my opinion since, that some one should work out the accurate relationship of the output of sodium chloride, to the various phases of both acute and chronic disease.

CAUSE OF THE DISORDERS OF PREGNANCY

A recent observer (Diesing) who has practiced medicine for many years in the Orient and in Africa, where the women do not eat meat, claims that in his entire experience he never witnessed a single case of complicated pregnancy. The gastric disturbances, the intestinal disorders, the nervous and other complications observed among all civilized people, he says were entirely absent. He claims that meat, especially the albuminous products of meat, supplies a very large excess of sulphur which is subject to various decompositions which cause many disturbances, as it predominates in the blood. At the same time the mother does not obtain from the meat food sufficient iron to supply the demand, and the necessity causes the essential iron of her system to be used up. He believes the diet has more to do with the disorders of pregnancy than anything else.

SUGGESTIONS FOR CURE OF PNEUMONIA

As long as the impression of the public sentiment in the regular profession as now existing, remains upon the mind of the young physician, so long will it be in place to publish articles on the treatment of pneumonia, in the fall or

early winter, or at any time when this disease is liable to occur.

I will begin this article by stating briefly what the physician should not do.

1. Put out of the mind entirely the idea that the *fever* of the pneumonia is not harmful and the temperature need have no special attention. Undertake to *reduce the temperature* with mild measures from the very first.

2. Forget the theory of the microbic origin of the disease, but do not neglect to keep the patient in as near an aseptic condition as is possible. Treat the disease with reference to the indications present, and *do not treat it as a direct infection*.

3. Local and general depletion are not only, not beneficial in pneumonia, but are positively harmful. Physics must be avoided, but laxatives sufficient to keep the intestinal canal thoroughly cleansed and free from toxins may be prescribed. The colonic flush is sufficient for most cases after first complete evacuation.

4. Adopt *no stimulating measures* whatever until some condition arises which demands stimulation. Do not stimulate the heart under any consideration until signs of feebleness threaten to complicate the case. Avoid strychnine and quinine always until the fever has abated.

5. Cold applications have done good in some cases, and *harm* in very many. Hot applications do all the good the cold applications do and a great deal more, in that heat adds force and power to the venous capillaries, unloading the congestion and throwing off the tissue waste. Heat stimulates the arterial capillaries, carries off the products of inflammation and conduces to the quick restoration of the normal condition. It is logical, physical, reasonable and highly scientific method. It cannot possibly do harm.

6. Opium in any form in the treatment of pneumonia is *not needed* when the specific action of the remedies herein

advised is thoroughly understood. It promotes the exact pathological conditions that the disease depends upon, and is thus positively contra-indicated.

7. The primary acute congestion that underlies a case of pneumonia—that just precedes immediately the inflammatory stage—should be considered as a separate and independent condition, and if recognized immediately can be overcome, and a normal condition restored, before the actual acute inflammation of the lung structure supervenes. This is done in every case where pneumonia is aborted or jugulated.

TREATMENT.—To be very brief in the outline of the treatment, for the first twenty-four hours at least apply hot applications to the chest. A simple kaolin dressing, antiphlogistine, or hot wet cloths, covered with oiled silk and cotton batting, or libradol for from three to six hours, especially if there is severe pain, may be used in most cases. Later a warm cotton jacket continued until the patient is able to sit up will be needed. The chest must be kept warm—never cold—from the first to last.

With strong adults, where the face is flushed a dark red color or purplish, and the pulse is rapid, but large, full and strong, the skin warm and moist, give veratrum, one drop every hour until the pulse is reduced to from sixty-five to seventy beats, then give a smaller dose at longer intervals, and any of the following remedies that may be indicated.

If there is chilliness, the pulse rapid but small and hard, with hot, dry skin, give aconite, not in large depressing doses, but from ten to twelve drops of the official tincture in three ounces of water, a teaspoonful every hour. If with these indications the eyes are bright and the pupils contracted, and there is nervous excitability, give a drop of specific gelsemium with each dose of the aconite mixture.

If from the first the congestive phenomena are marked, belladonna must

not be given in conjunction with aconite. If there is a large area of dullness, with oppressed breathing from the congestion, with chilliness, and especially if the skin and extremities are cool or cold, the dose must be larger, but this remedy is indicated in smaller doses if any congestion is diagnosed; in nearly every case at the first, and can often be continued until the temperature has materially abated.

The indications calling for bryonia in pneumonia are nearly always present. Involvement of the parenchyma of the lungs with an irritable cough and tiny, sharp, cutting pains, especially if the condition is aggravated by moving or by pressure of the chest walls, as is almost invariably the case with children. Ten drops of this remedy in a three-ounce mixture given in dram doses alternately with aconite, makes a most excellent routine method of treatment for those not thoroughly versed in the action of the specific medicines.

General irritation of the lung structure or of the bronchi must be overcome. This can be done with small doses of ipecac always short of producing nausea. Extreme dryness of the bronchial tubes, especially if the skin be dry at the same time, is corrected with from one to two drop doses of jaborandi every two hours. If the pleura is involved also asclepias in five-drop doses in conjunction with bryonia should be given persistently until the condition has abated.

When the fever has subsided, as it should do on the fifth day if the skin is moist and the tongue moist and cleaning, give two grains of the bi-sulphate of quinine early in the day, and repeat the dose in two hours if the temperature does not increase. More doses may be given two hours apart on the third day and still more on the fourth day. As a restorative this can be properly prescribed in conjunction with strychnine or nux vomica if the period of resolution is established. Later if the heart is feeble

give cactus. There is a condition of relapse with children in which digitalis in good sufficient dosage is the best remedy.

As a somewhat routine method and especially in those cases in which precise diagnosis of each condition cannot be made, especially with children, prepare two glasses, each containing twenty-four teaspoonfuls of water. Add to one of these the proper quantity of aconite and belladonna, as adapted to the age and condition of the patient, but always short of their physiological action. To the other add bryonia and ipecac. To the adults give these in teaspoonful doses alternating every hour. To children alternate every half hour and persist in this treatment steadily and quietly until the characteristic phenomena of the disease are all abated.

I know of no routine method that will cover so large a number of cases as this will. I give this method because a great many of my readers are not trained in specific prescribing, and the specific methods I have advised not being immediately observed, they might neglect until the disease was too far advanced, those remedies which in small doses persistently antagonize the process of this disease, while waiting for specific symptoms to show themselves. Before I learned specific methods, I cured all my cases with but little else than this same method, carefully adjusted to each case.

To those who are supercharged with the idea that pneumonia is a serious and unusually fatal disease, I emphatically state that the above course is now used with unimportant variations, by at least 20,000 physicians in the United States who conscientiously and emphatically assert that their mortality in the treatment of this disease seldom reaches five percent., and all treat the disease with perfect confidence.

Try taking cod liver oil in tomato cat-sup if you want to make it palatable.

ARSENITE OF COPPER AS A DIURETIC

I think the most of the readers of this journal have overlooked the fact that the arsenite of copper is a valuable diuretic, and one that will sometimes relieve a patient when all other means have failed. This is especially true when deficient secretion of urine or suppression are due to cold, or when the activity of the skin is lessened as by an extensive burn, in which a very large amount of extra work is thrown upon the kidneys, producing an acute hyperemia.

The following is quoted from a writer in a recent exchange:

"One of my patients, a strong athletic man who had been exercising violently, took a shower-bath and afterwards exposed himself to extreme cold and became thoroughly chilled. He was taken ill within a few hours; his temperature, pulse and respiration were all greatly quickened. Twelve hours later I discovered there was almost complete suppression of urine. The patient was then showing some signs of uremia and delirium. I ordered the patient packed in hot-water bottles, gave him a large dose of phosphate of sodium to open the bowels, and gave him one dose of five tablets of the 1-100 grain of arsenite of copper. This dose was repeated within two hours and after that one tablet was given every hour during the day. I have seldom, if ever, observed such prompt results as in that case. Within twenty-four hours we had almost a normal secretion of urine as to quantity and the next day it was more than normal. The fever returned for a short time, but then under proper treatment quickly abated. The symptoms of uremic poisoning disappeared, and the patient was able to sit up within four or five days."

I have seen a report of a case very similar to this which included also a report of the action of this medicine in other cases where there was abrupt suspension of the renal secretion. I

would like to hear from other readers of this journal as to whether they have used this remedy for this purpose, that we may be enabled to get its exact influence. We have but very few remedies out of the very many that are thought to act upon the kidneys that can be depended upon for an immediate influence. We need more of them.

C. F. ROBERTS, M. D.

AORTIC COMPRESSION FOR POST-PARTUM HEMORRHAGE

A French writer claims that the only measure for the sure control of post-partum hemorrhage which is universally applicable, is compression of the aorta. This can be made just above the umbilicus. With thin patients there is no difficulty whatever. With those that are fleshy there will be some times considerable difficulty. The force of the compression is applied with the fingers a little to the left of the spine, moving the hand upward and downward if the compression is long applied, so as not to press continuously upon the same portion of the aorta. He advises that the assistant get up upon a chair by the side of the bed, and apply the compression with the weight of the body, rather than with the muscular power of the arm alone, and that the compression be made sufficient to arrest the pulsation in the femoral arteries.

SYMBIOSIS AND A NEW USE FOR MEDICINES

The paper read before the Clinical Club at Buffalo, Dr. Wm. More Decker presented a method of treating diseases with medicines directed not to the cure of the disease conditions that are apparent, but to the restoration of the resisting power of the system to disease. He presented some very interesting ideas which although in line with the theory of Wright, concerning opsininsis yet entirely different. He begins by bringing out

the co-relation with life expressed by the new term symbiosis illustrated in the vegetable kingdom by many peculiarities of growth, declaring that this symbiosis exists in man, in the form of the white blood corpuscles, the amoeba in man's blood which is the symbiot that lives together with the man.

His use for medicines then is to increase phagocytosis, to increase the number of phagocytes. In order that these may destroy the germs of disease which invade the system; whether it will act upon the bacteria itself, or upon the toxins produced by the bacteria, or on both, has yet to be decided.

As remedies which have a beneficial influence on phagocytes he mentions small doses of quinine, nuclein, nucleinic acid, cinnamic acid and turpentine. The last remedy he thinks of especial value because the organism tolerates comparatively large doses of this remedy which destroy streptococci and induce hyperleucocytosis, thus raising the opsonic power of the blood. He believes it can be given in doses as large as from one to three drams without harm. He adds, also, that the saline infusion and alcohol exercise the same influence. He advises this new use of drugs because he believes that much can be accomplished by it, and if the influence of these or other remedies upon the blood is, as he believes, the subject is worthy of our consideration.

A COMMITTEE ON THE STATUS OF OBSTETRICAL TEACHING

I have had a good deal to say lately about the influence of didactic instruction and hospital methods upon the course young physician, take in treating obstetrical cases. I have argued that the method of teaching is wrong. It is inclined to be ultra-scientific and often altogether too far away from the practical. I am glad to notice that the highest authorities are considering the matter of revising the method of obstetrical teaching. This

is certainly a step in the right direction.

The president of the American Gynecological Society has appointed a committee to report at the next annual meeting in Washington, on the present status of obstetrical teaching in Europe and America, and to recommend improvements in the scope and character of the teaching of this branch in America.

The committee consists of the professors of Obstetrics in Columbia University, university of Pennsylvania, Harvard and Jefferson Medical College, Johns Hopkins University, Cornell University and the University of Chicago.

Communications from anyone interested in the subject will be gladly received by the chairman of the committee, Dr. B. C. Hirst, 1821 Spruce St., Philadelphia, Pa.

SPECIFIC DIARRHEAS

For diarrhea, sudden and urgent very early in the morning, either before rising or immediately upon rising, give 1-200 grain of aloin, three or four times a day.

For diarrhea induced by active peristalsis immediately after eating, give five drops of Fowler's solution at the beginning of the meal, three times a day.

For diarrhea accompanied with acute colicky pains, colocynth five drops, in a half-glass of water, a teaspoonful every fifteen minutes during the period of pain.

For diarrhea with very large copious watery movements, but little feces, dissolve a tablet of arsenate of copper, 1-100 of a grain in two ounces of water, and give a teaspoonful every ten, twenty or forty minutes, according to the severity of the condition and frequency of bowel movement.

For the sudden diarrhea, when uremic convulsions are threatened, with large copious watery movements, give arsenite of copper in frequent doses persistently.

Try hot flannel over the seat of neuralgic pain, and renew frequently.

JATROPHA STIMULOSIS

I have been requested on several occasions to present an article on *jatropha* stimulosus which has been called the bull-nettle. I have been able to find but very little on this subject. The genus *jatropha* consists of certain euphorbiaceous plants. There are a large number of members of this family. A number of them possess thorns or nettles, most of them are irritating in their action upon the gastrointestinal tract, and several of the stinging variety are poisonous, and produce active local results from the prick of the thorn.

The name bull-nettle is given by the American Dispensory as one of the names of *solanum carolinense* or the horse-nettle, but this is evidently not the same as the plant that Dr. Burgess uses in the cure of syphilis. The best I can do is to give Dr. Burgess' article, which is published in his little work on Chronic Diseases. It is as follows:

"This plant is abundant throughout the southern states. It is a species of *solanum*, and some say it is identical with *solanum carolinense*. However, that may be, there are several varieties of bull-nettle, all possessed of about the same medical properties. The variety we use has a bloom having the appearance of a potato bloom, which appears in May, and the plant continues to bloom and fruit during the entire season. The fruit is round as a marble and about the same size. It is dark green and has a strong tomato odor when bruised. The taste is acrid and unbearable. When the fruits ripen in autumn they change to an orange color.

"During the growing season the whole plant, root, top and fruit, is used; at other seasons only the green root, or the dried whole herb. The drying process is very tedious, requiring two months or more. Hung up in small bunches in a store-room from October to February and then packed in a barrel, it moulded

and spoiled. We hang it up in small parcels and leave it drying until wanted for use. The root, leaves, stems and fruit are medicinal in the order named.

"We have tried a great many ways to prepare it for use. Tinctures are worthless; a solid extract was prepared from four pounds of the dry herb by a competent chemist in a northern city. All this was given to a syphilitic patient without the least abatement of the symptoms. The tea from the green root, or the whole green plant, gives the best results. But few failures are reported, and we are not sure that there has been a single failure to cure the element of syphilis in any case. We consider it a specific for syphilis and scrofula, and when complications are properly treated at the same time, the patient is speedily cured.

"The tea ferments in a few hours, but does not lose its curative properties. Dr. C. V. Crooks, of Omaha, made a strong decoction and preserved it with glycerin, which kept its strength and elegant appearance for more than a year, but four to six tablespoonfuls were required for a dose. It must be concentrated in some way, and evaporation spoils it. So we tried steam as a means of extracting the active principle of the plant. Chicago furnishes us an apparatus for the purpose. One hundred pounds of the green herb was run through an ordinary feed cutter, and placed in the apparatus, the steam was turned on until 100 pints of the distillate were obtained.

"The residue was rendered tasteless, and the distillate had the odor and taste of the drug. Numerous tests were then made to determine the dose and prove the work. This experiment was very successful and I therefore at once branded our new production the fluid extract of *jatropha*."

I would like to obtain reports of the action of this remedy, from those who have used it. If it proves to be an addition to our materia medica of value, re-

liable preparations of it will at once be prepared.

THE BENIGN CHARACTER OF UTERINE FIBROIDS

It is consistent with the observation of every physician, that there are fibroid developments quite frequently occurring, that are benign in character, and do not for years result in any apparent harm. I think we have all learned, when these patients present themselves to us with the history of simple growths, without any symptoms of pressure, with no unusual amount of hemorrhage, with no special discomfort; to advise them to keep themselves under our observation, and we lay out for them usually, a course of living that will sustain every element of health, in its very best possible state expecting no unpleasant manifestations, for at least a long period.

I have had very satisfactory results in a number of these cases, from giving them remedies that act upon the uterine musculature, provided the tumors are sub-peritoneal, thus coming within the influence of the muscular contractions. I have begun this treatment in some cases when the uterine tumor was quite large, and when there was excessive flow, not only in the regular periods, but occasionally in the interim, and have been able to regulate the flow, materially reducing the size of the tumor, and preserve the health of the patient for herself.

Among the measures available for this purpose are some of the salts of hydragric acid, carefully selected, ergotin, or corn ergot when there is pain and macrotystic is indicated also; whether it is or not, when indicated. Usually a nerve sedation on the muscular fibers of the womb, working in harmony with ergotine in inducing permanent contractions. Nuxvomica or strychnine are sometimes indicated also, and if there are heart complications, which would call for strophanthus, this remedy will work similarly to

ergotine in inducing permanent muscular contraction. Conium maculatum works with hydragric acid favorably also, in these cases. It is indicated when pain is present. Another measure that I have found of value is electricity. Either the galvanic current as indicated, or the persistent use of a mild faradic current judiciously applied. In some cases an electrode is introduced within the cervix. Such measures as stated are always to be used unless symptoms of malignancy or rapid growth occur which point toward a serious condition, or to the possible occurrence of important complications and serious results appear, in which case an operation must not be deferred.

SUBCUTANEOUS INJECTION OF OILS IN TUBERCULOSIS

We are coming to recognize more and more the importance of perfectly pure air, proper exercise, and almost forced nutrition as the proper means of restoring patients in the early stage of tuberculosis. Dr. Keyes of Chicago, has been making a great many experiments in the use of fats as an antidote to tubercular germs and has published a little book, entitled the "*Renewal of Life*" in which he reports case after case to prove the experiments he has made in injecting oils under the skin as a means of restoration for these patients. He not only shows that this therapeutic measure is of great value in restoring patients suffering from this trouble but that this measure restores debilitated persons, also. The following are some of the statements the Doctor makes:

In presenting this monograph on The Renewal of Life, and the cure of disease with subcutaneous injections of oil. I do so in the belief that I am offering the greatest therapeutic advance that has ever been made.

By the aid of this treatment life may be prolonged, disease prevented and

many chronic and otherwise incurable diseases are absolutely curable. I have presented tubercular cases only. Since the report was written many others have been cured and equally good results have been obtained.

Tuberculosis is a disease of mal-nutrition. This mal-nutrition comes from not eating fats and oils, or if they are People who eat and assimilate fats and oils in abundance do not have tuberculosis.

To possess stamina, vigor and vitality in its greatest abundance we must possess a body which is capable of producing or generating large quantities of "steam" heat. "When an animal dies of starvation it dies from lack of heat. The fuel of the body having been used up, the body is no longer capable of maintaining its proper temperature, to say nothing of that which is used up in energy and movement. Animals that are cold and dying from starvation are revived more from the application of heat than from the administration of food. There is always that ultimate loss of heat, and when the body has lost about two-fifths of its weight the loss of heat is very rapid and death ensues.

People who suffer from thinness, mal-nutrition, who are lacking in stamina, vigor and vitality, suffer from loss of heat production, in a way similar to animals which have been experimented upon, and the effects of starvation watched.

The pre-tubercular state or condition is caused primarily from the non-eating and non-digestion of fatty foods. If they are not digested, and not assimilated, then subcutaneous injections of oil are indicated.

Secondly, a pre-tubercular condition is caused by vitiated atmosphere and indoor life, because these conditions are not favorable to the digestion of foods, and as a consequence, anorexia and loss of appetite ensue. If the patient can not

eat the proper amount of fats and oils to nourish the system, then they should be injected.

To re-establish the habit of assimilating fats and oils, a plentiful supply of them should be eaten, and since in the thin, anemic, pre-tubercular or tubercular patients, fats may not be assimilated in sufficient amounts to meet the imperative demands of nutrition, oils should be injected subcutaneously.

If the nutrition of the blood is supplied by injecting oil into the tissues, which increases the number and activity of blood cells, as well as by supplying the material for the formation of fat tissue (as well as connective tissue), and which yields itself to supply all other tissues, then the system of the individual is again placed in a condition to ward off the disease, and through its increased cell activity and increased reparative power, prevents the growth of a new generation of the tubercle germ, while the older ones die and are thrown off by the system.

The place of oil, as a remedy for the disease, injected into the tissues, will be readily appreciated, for oil thus injected enters the circulation in practically the same way as when strained through the intestines, as we shall point out more fully in our chapter on the physiology of the cure.

The adipose tissue of the body yields first, to supply nutriment to the more vital tissues, and as oils injected meet all the elements of adipose tissue, their relation to tissues of the body and how they are converted into them, the assimilation of living tissues, in obedience to an immutable law, will be readily appreciated.

When the body is wasting from disease, fat tissue yields itself first and foremost to supply nutriment for the more vital tissues. For this reason, in a chronic disease like tuberculosis, where most of the fat of the body has been con-

sumed, subcutaneous injections of oil should be instituted to take their place, and to supply the heat, force and tissue-forming material, and to save the waste of other foods which have been eaten, that they may also serve the purpose of nutrition to the highest extent, and overcome the disease.

Oils injected into the tissues meet every indication of the disease in a direct physiological manner, incompatible with disease, by furnishing substances from which the force and heat of the body are derived, and the material which may be assimilated by its tissues and transformed into their own kind, together with other nutriment, absorbed through the process of digestion. Subcutaneous injections of oil also stimulate cell growth through assimilation, and also serve to lessen the waste of substances used as food, thus nutrition may be built up to the highest extent, and tuberculosis overcome.

We have only to apply this condition as another evidence for the use of oils to be injected subcutaneously as a cure for consumption, for the habit of non-ingestion and non-assimilation of fats may have become established through preceding generations.

The formation of connective tissue being similar to the formation of fat tissue in its early stage, by the subcutaneous injections of oil we increase the nutritive properties of the blood, from which this tissue is necessarily derived, and thus cure the disease tubercular area.

Phosphatic absorption and fat assimilation are closely connected, so much so that when hogs are fed upon a milk diet, in which all fats are eliminated, so far as practicable, phosphaturia develops. The consumptive patient, passing large amounts of phosphates in his urine, is cured of these symptoms by the subcutaneous injections of oil, and it is eaten they are only partially assimilated. evident that the assimilation of the oil

produces conditions for the greater absorption and assimilation of the phosphatic salts.

The amount of oil injected will average one ounce once daily. To commence with, I use a smaller dose for the first three days. For giving these injections, I have devised a special syringe which works with a thumb-screw, and we are thus able to make the injections without shaking the needle and with less pain to the patient. A dressing of collodion should be placed over the puncture when the needle is withdrawn, so as to hold the oil from leaking. For these injections I have used various oils. Among them may be mentioned, cod liver oil, sperm oil, cocoanut oil, peanut oil, olive oil and egg oil. I have discontinued using the cod liver oil and sperm oil for the reason that animal oils are not so quickly absorbed as the olive and nut oils, and they produce greater soreness, and their method of preparation can not be relied upon as being so clean. I find that by changing the egg, olive and nut oils and mixing them, that the greatest good seems to come.

VERATRUM IN ECLAMPSIA

There is nothing new among our physicians in the use of veratrum in convulsions, but from the writings of physicians in other journals it would seem that this most valuable remedy was unknown to a large proportion of the profession in this influence. A writer in the *Therapeutic Gazette* deplores the fact the remedy is so seldom used. He has made some observations which are original with him, but have been well known in our own observation for nearly half century. He claims that the pulse can be kept soft at about sixty-five, and the temperature low with three or four drops of Norwood's tincture, and with that condition convulsions are well nigh impossible. He also asserts that very small doses of morphine or opium will

materially conduce to the beneficial effects of veratrum, preventing nausea, vomiting, vertigo, profuse sweats or diarrhoea. He does not believe in giving large doses.

I believe with the writer, that there is an inclination to giving too large doses of veratrum. I believe we can learn to control, even the worst cases of eclampsia, with from five to ten minims, hypodermically, repeated just sufficiently often. I have also observed that veratrum can be continued when its influence seems to be too great upon the heart, by giving it in conjunction with digitalis, under which influence it will control convulsions without heart depression which is a very important observation.

When convulsions are apparently temporarily controlled two or three drops of veratrum with from two to six minims of digitalis every hour, will prevent the subsequent occurrence of convulsions and will sustain the action of the heart with but little if any depression.

This same authority has overlooked a most important influence of veratrum. He claims that it has no antagonistic action on the toxins of eclampsia, but that it acts entirely in lowering arterial tension. This is an unjustifiable mistake. Veratrum is one of our very best alterative remedies, and has been given by our physicians for three or four decades as a specific in syphilis. All of our old observers are very confident that this remedy has a direct influence upon the toxins that produce eclampsia, and that when it is given to control the convulsions, the recurrence is very much less likely, and the patient recovers much more speedily, than with any other antispasmodic agent. This observation has been fully confirmed and it should be positively impressed upon all those who are studying this remedy.

Try cranberries for malaria.

SPECIFIC SUGGESTIONS IN NERVOUS DISORDERS

The best-known indication is that for gelsemium when the pupils are contracted, the eyes bright and the face flushed with a bright flush.

As a remedy for nervous irritation and mild forms of insomnia, we do not depend enough upon skullcap. The soothing and tonic influence of this remedy are sometimes really striking, when it is persisted in. Give it in ten-drop doses four or five times a day, when the above conditions are present from persistent nervous irritation. It may be given in hot water. Another excellent nerve sedative, not commonly used is valerianate of zinc. It is indicated where with neurasthenia there are hysterical manifestations.

Lupulin is an excellent nerve sedative where the nervous erethyism with insomnia are dependent upon irritation of the reproductive functions.

Nerve irritation is responsible for surgings of the blood in the circulation, or irregularly of distribution of the blood. To equalize the circulation use belladonna in small frequent doses. It overcomes vascular spasm. Where nervous irritation is present, with muscular aching, use macrotys.

Where a bromide is needed for its sedative influence the bromide of strontium has proved to be a very satisfactory remedy. It exercises a full bromine effect, with no untoward influence from the base with which the bromine is chemically united.

There are some mild forms of acute nasal catarrh, that will yield readily to the monobromate of camphor. With those who are constantly catching cold bromide of potassium in five grain doses, should be given four or five times a day.

Miscellaneous

DIPHTHERIA has been observed in a clinic at Zurich by Schönholzer for twenty-eight years, fourteen years before the introduction of the ANTITOXIN, and fourteen since. The records he made in these twenty-eight years do not carry out the opinion that is conveyed by the statistics of the antitoxin treatments made without such a comparison. The mortality before the use of antitoxin was 39.7 per cent. The mortality since is 13.39 per cent. In the cases with operative treatment the mortality has dropped from 66 per cent to 32 per cent only, and in medical cases from 14 per cent to 7 per cent only, furthermore he is confident that the form of diphtheria in its every manifestation is now less malignant, than it was in the earlier period, which still further deters from the credit that should be given antitoxin.

It should be borne in mind that the ORDINARY TEASPOON holds one and one fourth and in most cases one and one third drams of fluid medicine, consequently the term, a dram, and a teaspoonful, are not the same. To be sure, in giving a teaspoonful dose, it is very rare that a full teaspoonful is given, but occasional cases occur in which the patient gives a rounded teaspoonful, in which case the dose is nearly twice as large as the physician intended.

This was the case with a recent patient in which I prescribed one sixteenth grain of morphine to each dram. He took it in rounded large teaspoonful doses and got the one eighth of a grain at a dose nearly, and taking the dose frequently got an overdose of the medicine. A four ounce bottle of fluid medicine will hold twenty-six teaspoonfuls of a watery

fluid, and not more than twenty-four of a syrupy or a mucilaginous fluid.

This tendency of some of the trained nurses to spend three-fourths of their time writing up unnecessary items in their record with consequent neglect of the patient during all this time is upheld in some hospitals and is due not so much to any tendency on the part of the individual nurse to neglect her patient as it is to blind obedience to the mandates of some "ultra-scientific" superintendent of nurses. It is the fault of those in command of the nurses and should be corrected by the members of the visiting staff, who should gently remind the superintendent of the proper way of educating her pupils. Evils exist in the profession of medicine due to faulty methods of training of medical students. We have no superior advisory and mandatory profession to correct us, as has the profession of nurses. Rather, then, should we correct ourselves, and thereby be consistent when correcting our co-professional assistants, the nurses.

In the treatment of superficial burns, it is becoming quite common to use a solution of picric acid in the proportion of a dram of the acid to a pint of water. Gauze saturated in this solution and applied to a superficial burn, large or small, will quickly relieve pain and promote healing. The use of full strength of carbolic acid is advised, but over a large surface there is too much danger of absorption.

After the burning heat and pain are entirely relieved, an ointment may be prepared of carbolic acid, 5 grains, bismuth subnitrate, 3 drams, lanolin, 1 1-2 ounces; olive oil, 1-2 ounce, and freely applied. The soothing effect of this and its active healing properties are great, and it will do more than any other formula with which I am familiar, toward preventing the formation of scars. In fact in some cases in which I have used it there has been no

scar formed at all, but normal healthy skin formed quickly. ♦

Kline after an observation of 420 cases of uterine cancer, claims that there was three and six-tenths percent. of cures, and that a very small proportion were alive after five years. The probabilities are that an early diagnosis is not made, and when discovered it is too late to operate. An early operation is the only safety. ♦

Prominent surgeons are using hot olive oil for sterilizing instruments, instead of water. Vessels holding the oil can be heated to a point very much higher than the boiling point of water; 340 deg. to 350 deg. F. and the same oil can be used time and time again. It is really a very practicable method. ♦

The best reports we receive from the action of crataegus seem to come from its influence on the heart of the aged. A woman, eighty years of age, was benefited very materially with four dram doses every three hours. She had degeneration of the heart, mitral insufficiency, dropsy of the lower limbs, and in fact, anasarca with difficult breathing. Eight ounces of urine was passed in twenty-four hours. The benefit was very marked, but as the condition had lasted for some years was only transient. ♦

There are a number of cases on record in which during the course of SYPHILIS DIABETES has occurred, although not necessarily caused by the syphilis. There have been cases, also, where the diabetes was present when syphilis was acquired. Usually the diabetes has improved as the treatment for syphilis has modified that disease. ♦

A writer in the *Glasgow Medical Journal*, is making continued observations

concerning the INTRAVENOUS INJECTIONS of one-half of a grain of iodoform every alternate day, for the cure of TUBERCULOSIS of the lungs. So far the results have been satisfactory, and the patients show marked improvement. The agent is dissolved in ether, and combined with liquid paraffin. ♦

A severe case of PUERPERAL ECLAMPSIA is recorded, in a patient only twelve years old. Every available measure known seemed necessary before the condition was under control. There was general edema, the coma lasting thirty-six hours. The recovery was finally satisfactory. ♦

Two cases are reported in which the RECTUM OPENED INTO THE VAGINA. Both of these cases reached adult life before the wrong was discovered, and in each case a surgical operation resulted in a very satisfactory condition, as the sphincter was not necessarily divided, being involved in the vaginal sphincter. ♦

ALBUMINURIA IN INFANTS is commonly overlooked. Morse of Boston examined three hundred cases suffering from diseases of the stomach and bowels, and found that ten per cent of them had albuminuria also. The presence of the albumin in the urine would not seem to interfere with the favorable progress of the cure.

LOCATIONS

Dr. A. Jay Hansberry of Ozark, Arkansas, wants to quit practice and would like to transfer his business to a thoroughly qualified physician. The practice has been established for twenty years. Owns one of the best pieces of property in a town of two thousand inhabitants. Office outfit worth \$1,000. Will sell the property for less than its actual value, and will turn over everything to the buyer of the property.

Ellingwood's Therapeutist

A MONTHLY JOURNAL OF
DIRECT THERAPEUTICS

Vol. III

DECEMBER 15, 1909

No. 12

Leading Articles

THE ESSENTIAL PRINCIPLES OF NUTRITION, WITH REFERENCE TO THE DIETING OF PREGNANT WOMEN

FINLEY ELLINGWOOD, M. D., CHICAGO, ILLINOIS.

In this article the writer undertakes to present, first: The essential facts concerning nutrition, and secondly, the part that specific foods take in the nutrition of the pregnant woman, with reference not only to the mother herself, but with especial reference to the construction and upbuilding of the various structures of the child's body, believing that by a proper adjustment of food many of the complications, dangers and pains of childbirth can be avoided.

From the observations which a very wide experience has enabled me to make, of the influence of the diet on pregnant women, I have been for many years convinced that many of the conditions which are present as symptoms of diseases, and which complicate the pregnant term are due to faults of diet.

I have recently found reports from two medical men who have spent their lives among savages which positively confirm this belief. One claimed that in twenty-eight consecutive years, and the observation of thousands of pregnant women among certain African tribes, where the women ate only of fruits and vegetables, complicated and severe conditions of labor were unknown. The other observer entirely unknown to the first, made the same observations and emphasized the fact that no meat whatever was eaten.

In this article I shall present, first, the essential principles of nutrition and

the chemical character of foods, and second, I shall endeavor to show the influence of the foods upon the pregnant women, and upon the child, in a manner that I trust will assist the physician in selecting those which the condition of the patient demands.

The Chemical Elements of the Body.

—The chemical elements of the human body are as follows: Oxygen, hydrogen, nitrogen, carbon, calcium, sodium, potassium, magnesium, phosphorus, sulphur, iodine, chlorine with iron and silicon. These are the essential elements. There are traces of a number of others, but they are not of practical importance in this consideration. The above elements are present in a large number of compounds; some of them may exist freely while others are found only in small quantity, either in the system, or in the foods taken to supply them.

The mineral constituents of the system are made up of various com-

pounds of the other of these elements upon the bases potassium, sodium, calcium and magnesium, or with oxygen and hydrogen.

At least 80 per cent of the entire mineral substance of the body is in the bones. Lime, soda, iron and phosphorus probably are the most important elements. The brain and the nervous system contain phosphorus in large quantity, and the tendons contain but little of it. Iron is found in the blood and is supposed to be present in large quantities, but the system demands but very little for its supply—less than one-fifth of a grain a day is sufficient. The entire intake of mineral matter each day should be about 400 grains.

Concerning the chemical elements that make up the human body, Mole-shott in his "Cycle of Life" elucidates the theory that without a basis which will yield gelatine, there can be no true bone; that there can be no bone without bone earth, or cartilage without cartilage salts, or blood without iron, or saliva without potassium chloride.

Specific Function of the Chemical Elements Within the Body.—Various chemical analysis have proven that there are certain basic elements in the human body which enter into certain definite compounds. Schuessler claims that knowing definitely what these elements and their basic compounds are, all diseases can be cured by supplying that compound which is deficient, in that particular case. In the formation of the chemical structure of the various tissues, solids and fluids of the body, he claims that calcium phosphate makes up the bone cells and is the principal element in the formation of bone—in the growth and development of bone. It forms new cells. He also claims that general cell structure de-

pends upon this compound in the make-up of the cell wall.

The phosphate of iron is concerned in the formation of red blood corpuscles, and is also an important constituent in other cells to an extent, in conjunction with the phosphate of lime. Potassium chloride enters into the formation of fibrin, and is also one of the cell salts. The phosphate of potassium, Schuessler claims, is the chief nerve salt, and is found in brain cells, and in the structure of the nerves and in the nerve fluids, in the white corpuscles, and in the cellular fluids.

The sulphate of potassium acts in conjunction with the phosphate of iron as a cell salt in the structure of those cells which carry oxygen. It is an oxygen carrier because of the character it imparts to the cell. Phosphate of magnesium is largely a nerve constituent, entering into the structure of the brain, the spinal marrow and the nerves. It is important, also in muscular structures, and to a certain extent with the calcium phosphate in the make-up of bones and teeth. Chloride of sodium influences the growth and development of cells, by affecting or controlling the endosmotic and exosmotic processes. Silica is a constituent of the connective tissues of the skin, hair and nails.

In addition to the substances named, the sulphate of sodium and the sulphate of calcium, as well as some other salts, and the fluorides, are found in the make-up of the tissues. These can be taken into consideration while presenting the subject of the nutrition, growth and development of the fetus. They will be considered when we are studying the character of foods, with reference to their specific adaptability to the patient, or to certain conditions present in that patient.

The Physiological Elements and Their Composition.—Of the nutritive principles of food, protein is the name applied to the nitrogenous elements of the foods, such as albumin and the albuminoids. The albuminoids of lean meat, the casein of milk, the white of the egg and the gluten of wheat belong to this class. The principles which these contain are absolutely essential to life. In the building up and growth of the human body, in the repair of the waste tissues in adult life, they must be present in sufficient quantity. Active muscular effort demands them, and as muscular efforts stimulates excretion, thereby producing waste, waste products from these are freely thrown off.

As I shall show further, these substances produce a peculiar waste, and people of sedentary habits who take this class of foods freely, suffer from a long train of symptoms induced by the presence of these waste products, which, with their habits, the excretory organs of the body cannot get rid of.

Carbon, hydrogen and oxygen compounds are classed as carbo-hydrates. These are almost exclusively vegetable in their origin. The only exception being milk, sugar and honey. They furnish the fuel principles of the body, producing animal heat and supplying, not muscular strength, but muscular energy. All starchy substances and sugar belong to this class with pectins and gums. Hydrocarbons, the fats and oils, both from animal and vegetable sources, supply this class of foods. The same chemical elements compose their structures as make up the carbo-hydrates, but they are not present in the same relative proportion.

This class of foods is eaten freely by people who live in colder climates especially in the Arctic regions, and

those who work all winter in the intense cold, because of their heat producing properties. Food of this character is not freely eaten in the sub-tropics and tropics, but fruits and vegetables are more freely subsisted upon, especially those that do not yield a large proportion of oil.

Specific Function of the Foods.—From the foregoing it will be seen that the function of the food is, first, to create, form and build up the various structural tissues of the body, and to repair them when broken down. Second, to supply energy, both for physical and mental effort. Third, to supply animal heat.

The first of these results is accomplished by protein. The foods which furnish this substance are meat, fish, eggs, milk, cheese, peas, beans, gelatine and the cereal foods. The second is accomplished by those foods which are of vegetable origin, largely those which contain starch, sugar and the gums. The third contains those substances which furnish fats and the oils. It has been found by careful analysis that a healthy, active adult, left to himself, will consume about thirteen ounces of meat, two ounces of butter, six ounces of potatoes and twenty ounces of bread in twenty-four hours. There is no doubt that food scientifically considered in relation to the actual demands of the body should be supplied in an entirely different proportion from this, if it be properly taken into the system and appropriated.

Fruits contain a large percentage of water, from one-half to one and one-half per cent of protein, from one-half to three per cent of fat, and from two to fifteen per cent of the carbo-hydrates, with a very considerable percentage of fruit acid—from one-half to seven per cent. Considered from a

chemical standpoint as a food product, they would not be rated very high, but because of their palatability, because of many side influences they exercise, their benefits are very large.

Fruits prevent excess of alkalinity in the blood; they preserve a normal acidity of the urine; they antagonize abnormal breaking down of the blood corpuscles, and powerfully stimulate elimination. Because of the large proportions of waste, they are useful laxatives, however, they stimulate the intestinal mucous glands also, in this influence. Fruits are rich in the normal mineral principles the body needs, thus building up to a sufficient extent the bony and muscular structures.

Commonly speaking wheat foods of the cereal class, contain the greatest amount of material from which bone is formed. If that fact be borne in mind the wheat product—white flour and graham—can be adjusted so that the bony structures may be more fully or less fully developed, as the prescriber desires. As bran contains the larger proportion of lime salts, the graham flour contains the most active bone constructors of the wheat. Corn-meal, oats, beans and peas contain less calcium salts, but peas are very strong in nitrogen and if these substances are depended upon their nitrogenous constituents must be estimated. Rice and vegetables will supply a food which contains a minimum of the bone forming elements.

Appropriation of Foods.—If the stomach be kept in proper condition to appropriate food, and the elimination of the waste products of the food be normal, the patient must have a supply of those up-building substances—those constructive elements which are essential to the formation of the muscular and osseous systems, in reasonable

quantity only, and with these every other condition must be taken into consideration also, that the whole be well balanced.

Because of the very common derangements of the stomach in these women from reflex action, it is well to consider those foods which digest most readily, or those that ferment easily, as fermentation from digestion is one of the common complications.

Foods That Ferment Readily.—Beans, bread, cereals, cornstarch, farina, fruits in general, grapes, milk, macaroni, rice, syrups, toast, sugar, oat meal.

Foods That Ferment With Difficulty.—Asparagus, beef, bacon, boiled milk, tomatoes, cabbage, cauliflower, celery, chicken, cod and other fish, eggs, hams, fruits, mutton.

Fermentation as the result of the decomposition of the food substances and of certain of the waste products of the food, improperly excreted, results in the formation of a pernicious series of gaseous, bacterial, and other toxins, which, from their free absorption, produce dire results in their acute intoxicating influence. I have watched these results in patients, for weeks, and have been able to trace the specific intoxicating influence of the fermentation of well-known foods, especially oat meal and others of this class, when the conditions for fermentation were favorable.

Diet for the Pregnant Woman.—It is surprising how much can be done for the mother and the fetus by the proper adjustment of foods during pregnancy. As a nation, our eating habits are nearly all bad, however, there is a tendency toward improvement at the present time, which is commendable, but in general our habits are bad, and the results tell upon the

mother and unborn child, more than upon other individuals.

It is possible to make an adjustment of diet that will result in the mother bringing forth a tiny babe, with bones almost devoid of the calcarous principles, or the mother can be fed in such a manner that the osseous structures of the child develop to an unusual extent, and the child grows beyond normal limits, with a solid frame, with a compact and solid head, making labor difficult and even dangerous.

This same condition may occur from faults in the mother of the appropriation of the nutritive principles of her food. The system may give up the constituents of the muscular and bony structures, very freely to the child, at the expense of these structures on the part of the mother, leaving a weak, listless, exhausted, nervous mother to bring forth a strong, vigorous, over-developed child of excessive weight.

These patients may do this in every pregnancy, or on the other hand, the mother may retain all the nutrition, or in fact, may appropriate an excess of nutrition, taking up that which should be given to the child. When the time for delivery comes she brings forth a feeble, puny, emaciated and shriveled infant, with deficient vitality, which requires great care and skill to bring it up to a point where the vital forces will assume, unassisted, the development and growth of the infant.

I am confident that these conditions can be corrected by proper attention to the condition of the stomach and to the proper adjustment of foods, and while I do not feel competent to correctly advise concerning this matter, I shall present my ideas in the most practical form possible, and leave others to point out their defects, or to show me in the future where my suggestions

may be improved upon. By this means we will ultimately determine a correct course.

An Observation on the Influence of Starvation.—In the second year of my practice, which was among miners exclusively, a strike was declared and for nearly a year there was no work. After the first month extreme poverty settled down on the entire community, and for the intervening months, almost the entire food of five or six thousand people consisted of corn-meal and water, and but a limited supply of the meal. This gave me an opportunity to make an observation that was impossible under other circumstances. Strange as it may seem, but few if any of the women who became pregnant, brought forth their children in a normal condition. Only a small percentage of the infants were born alive, and these were in an extremely emaciated condition, and in a condition of very imperfect development.

I now regret exceedingly that I did not secure exact statistics, covering all cases which I could have readily done, had I then realized the importance of such knowledge. The percentage of miscarriages from intra-uterine death of the fetus was very large.

Food Adjustments for the Mother.—In considering the adjustment of food, while it is necessary to take each patient into consideration as the above remarks will suggest, there are general rules that can be remembered which will assist materially in making these adjustments. In the first place there is nearly always a prevailing acid condition of the patient's stomach. This excess of acidity, however, is due usually to hyperchlorhydria. By a process not yet satisfactorily explained, if fruit acids be administered in reasonable quantity, there will be a diminu-

tion of the secretion of hydrochloric acid, and a more normal balance of the entire acid constituents of the gastric fluids.

With those patients who are inclined to bring forth large children or over-developed children, the nitrogenous foods must be avoided to a greater or less extent. While it is common to say that the patient shall avoid meat diet entirely, I would not lay this down as an arbitrary rule, however, in those well developed mothers who bring forth large children, it is a good plan to exclude meat entirely during the latter part of the pregnant period, but under ordinary circumstances I permit even these patients to take a small beefsteak, two or three times a week.

Those mothers whose infants are born with excessive bony development should avoid meat, beans, and other articles of diet which carry the earthy principles. Those mothers who tend to give up their nutrition to the children and become very feeble, should be fed on concentrated nutrition which does not contain any large percentage of earthy salts, such as rice, which contain a very small proportion if any of these salts, potatoes, eggs, the products of wheat flour, and milk. Fish makes a good article of food for this class of patients also, as it supplies a fair amount of nerve and brain food. Cornmeal is a nutritious substance also, for these.

With those mothers who are abundantly supplied with nutrition at the expense of the child, it is difficult to lay down a course of feeding, but if they live upon simple diet of medium nutritive products, avoid condiments, and stimulants of all kinds, especially tea and coffee, drinking a sufficient quantity of water between meals, with the proper medical course prescribed,

there will be a correct adjustment between their own physical condition and that of the child.

Those substances which promote the secretion of large quantities of uric acid or the urates, should be avoided by all patients without regard to condition.

For those patients who are in the habit of drinking large quantities of coffee and tea, I prescribe these substances entirely, and advise hot water or hot milk. These will be found to do better on a diet composed largely of fruits, with the proper adjustment of the vegetable constituents.

A few years ago it became quite a fad to feed pregnant women on fruits exclusively. I am very much in favor of a general fruit diet, but it must not be carried to extreme. It must not be made a fad of, but the adjustment between fruits and vegetables with a proper supply of meat when it seems to be demanded is of much importance.

Diet for Each Meal.—In arranging the diet lists for these patients, simplicity must be always considered. From among fruits and cereals let there be, for breakfast, two or three articles selected, and let these be taken every morning for a period of from three to six weeks, according as they are pleasantly and agreeably received, and are correctly appropriated.

For lunch, adjust two or three other articles of diet avoiding much salt, nearly all condiments in fact, especially those of a stimulating character and let the selected articles be served every day for a period of from three to six weeks, as is agreeable to the patient. In every case the patient's taste must be taken into consideration, and foods that taste well and are readily appropriated without interfering in anyway with the digestion, should have first consideration, and those that are un-

pleasantly received should in nearly every case be discarded.

It is best that the noon meal be the principal meal of the day, but so common is it to have dinner in the evening, that I have reserved the dinner meal until the last. It is better with most patients, to have the dinner at noon, and light supper in the evening composed of farinaceous substances and fruits. Dinner, whether it be at noon or night, should consist of the stronger carbonaceous foods. If any meat at all be eaten, it should be eaten at this time.

A good general rule in prescribing a meat diet, is to exclude salted and cured meats entirely, eating nothing but fresh juicy beef or mutton. I am radical enough to think that pork and veal should be excluded. Fowl and fish can be eaten sparingly, but it is surprising how well these patients will do in most cases, on a vegetable diet, with fresh fruits taken abundantly. It is a good plan to have the same articles also each day for dinner, for a period of three or four weeks, but if there is any variation in the eating, it may be at this meal. A large quantity of fluid should not be taken at meal time. The patient should not eat large quantities of fat, and but a limited quantity of sugar.

For breakfast, in very plain form, a cereal or dry toast buttered, with an orange or two, with coffee for those who have not a uric acid tendency, or hot milk to which a little coffee is added. This makes a very desirable morning meal. However, a breakfast of corn muffins with baked apples and some hot drink makes a good breakfast. I am not favorable to oat-meal unless it be long cooked, and the patient's digestion be in excellent condition. Corn-meal mush with cream is preferable to oat-meal.

For dinner, mashed potatoes, baked macaroni, fruit, meat if it be eaten at all, fish or fowl with some vegetable soup will be satisfactory. Beans should usually be avoided by all these patients. Peas occasionally, and corn, beets, turnips, sweet potatoes and cereals are all permissible.

The evening meal should be very light, but if the patient is inclined to feebleness, and especially if this be accompanied with sleeplessness, she should have something additional to eat upon retiring.

Soft boiled eggs, buttered toast, either dry or creamed, fruit sauce and weak tea will be acceptable in most cases, and probably sufficient. Other similar articles may be selected, and adjusted to the patient according to the conditions present.

Control of the Development of the Fœtus by the Mother's Diet.—As I have stated, it is perfectly safe to diet the patient so as to control to an extent the growth and development of the fœtus, keeping it within normal, reasonable limits. The muscular system must be normally developed, and the bony system need not be developed to more than a normal state, and if under-developed no harm whatever will accrue to the child, and these infants will be brought forth with much less pain. For years it has been a matter of rejoicing to fathers, to know that a child born to him is large and strong, and heavy. This is a very foolish notion. It means pain, sorrow and trouble to the mother, and carries no assurance whatever that the child will be any healthier, or will ultimately be stronger, than one born with normal medium development. Some of the largest specimens of manhood and womanhood have been born undersize, while some of the smallest specimen

at adult age, have been very large at birth.

As the fruit acids have a very desirable effect on the stomach, those fruits containing these acids can be selected and indulged in usually with great freedom. Apples, oranges and lemons have seemed to exercise a very desirable influence. Figs, raisins and grapes have also been beneficial with many patients, but these contain a large quantity of sugar, which with some is objectionable, however, this exception will show if it exists by imperfect digestion or fermentation. With a fruit diet the osseous development is the slowest.

Elimination of the Waste Products of Food.—An important consideration, as I have said, concerning the taking of food, is the elimination of its waste products. These products—both the detritus and the chemical waste—must be gotten rid of, and must be kept out of the system. If too much food be eaten, there will be very much greater waste of course, than if only the necessary amount be taken, and this thoroughly masticated and completely digested. The proper eating of a proper amount of food should be considered by the physician in the advice he gives his patients.

Nitrogen in its compounds is the most difficult of the chemical constituents to get rid of. The earthy substances unite with oxygen and escape in the form of soluble salts, which remain in solution in the urine and other fluids; the carbon products become oxidized and escape readily; the most of the carbonates passing out through the urine and perspiration. The nitrogen, however, passes through a variety of chemical changes, ultimately producing urea and uric acid. These more or less insoluble substances pass along from tissue to tissue, and from organ to

organ and, not being freely thrown off, will obstruct and interfere with the functional operations of these organs; will injure their structure, and will produce other physical and chemical results, which will induce pathological conditions, and auto-intoxication of a serious character. All flesh foods contain nitrogen, therefore, it is plain that elimination must be free in proportion as flesh foods are eaten.

During the pregnant state, a reasonable quantity of protein is needed. The carbo-hydrates will do a great deal toward sustaining proper balance if the digestion is perfect. As a large percentage of the protein necessary, can be obtained from fruits which yield a much less quantity of urea, and as this substance is the most toxic of any, during the pregnant state, and an avoidance of its accumulation is absolutely necessary, the protein should be obtained from vegetables and fruits.

With any patient, perfect elimination secures free action of every organ, a clean condition of the tissue and consequent vigor and endurance. As elimination is more or less imperfect under these circumstances, we must, therefore, keep out of the system those foods which will be likely to clog it.

It is a common error that has long been popular, that the use of cathartic remedies will keep the system free from disease. It is important to keep the gastro-intestinal tract perfectly clean by the use of laxatives, and if there are disease germs in the intestinal tract, by intestinal antiseptics, but simple evacuation of the bowels is by no means complete elimination. The action of every other emunctory is as important as this. All elimination together must be considered. I, therefore, lay stress upon elimination from the skin, and from the kidneys as well.

TYPHOID FEVER

F. O. HARRISON, M. D., CHRISTOPHER, ILLINOIS.

A good and safe treatment for the conditions of typhoid fever is that which every physician is interested in. One reading the different descriptive treatments as they are presented in our medical publications today, finds them almost enough to make one a nihilist, or at least a skeptic in medicine.

It is not my purpose to try to give an elaborate description of the causes of typhoid fever or of the bacillus of Eberth. The disease occurs in youth and adult life, and has no respect of persons. It occurs most frequently in the late summer and early autumn months, especially if the summer has been hot and dry.

The approach of typhoid fever is made known by a feeling of malaise, which may last several days. A short time before the attack there is severe headache each day; there is usually muscular aching, general dullness and disinclination to exertion, some deafness, and there may be nasal hemorrhage. There may also be nausea and diarrhea.

As the fever continues the symptoms are aggravated with increased irritation of the gastro-intestinal canal. There is abdominal tenderness, although there is not always a relaxed condition of the bowels; sometimes there is constipation.

In this class of fevers we have a great variation in the pathological conditions. No two cases are exactly alike, and we cannot depend upon a routine treatment for all cases. Typhoid fever is a condition of great impairment. All ordinary cases will recover with the right medication and proper nursing and surroundings. This class of cases should get well; I do not include per-

sons afflicted with tuberculosis, or those with other impairment of the health, or patients that are addicted to strong drink, and that have led a life of dissipation. I include only those of ordinary health and vitality.

Typhoid fever is a continued fever, not periodic, having a duration of about twenty-one days, and is characterized by a specific affection of Peyer's glands. I wish to say with emphasis, **two things must be avoided in the treatment of this fever**, and these two are large doses of quinine and cathartics. They both have killed and will kill their thousands, because doctors will not learn that they can not clean coated tongues with cathartics. I sometimes advise my patients at the commencement of the treatment to take a dose of castor oil, syrup of figs, or senna, and I often do this with fear and trembling. What shall we do, you ask, to avoid auto-infection. I am not afraid of auto-infection. It is fully met and in a most successful manner by the treatment hereafter advised. As to medical treatment: we have no idea as to the medicine we will select until we have examined our patient, and we may not then be able to select the right treatment. There is surely a medicine, or medicines, or a remedy that is specific to the condition we will find, if we are able to make the selection. We must be on the alert for this remedy or these remedies, and just as sure as we can find an indication for a certain medicine, that medicine will be of great benefit in bringing about a cure. Indeed, the patient demands the indicated remedy.

I wish to say also that I do my own prescribing. I do not give compounds put up usually in tablet form to be given in typhoid fever as is the fashion of the day, nor do I recommend the

active principles of the plants. What I want is the full plant tincture of a prime or fresh article, and the very best tinctures that can possibly be made by the best skilled chemists.

The specific medicines are not commended to cure disease by name, but to serve the medical profession desiring to use specific or definite preparations, to meet specific symptoms in disease expression, and we use them in the very small doses.

We say for convenience that typhoid fever is a disease of sepsis. Therefore, antiseptics give us very reliable means to combat the disease. I will only name five of these. Those I use are baptisia, chlorate of potash, muriatic acid, sulphurous acid and sulphite of soda. One or more of them if indicated would be a part of a good treatment during the progress of the disease. Following are the remedies with their indications:

Baptisia.—Fulness of the face, purplish, red-like, as if exposed to severe cold. Dusky coloration of the tongue and mucous membranes. Dose: Baptisia, from five to ten drops in four ounces of water; a teaspoonful every one or two hours.

Chlorate of Potash.—This is the antiseptic where there is a fetor resembling an unpleasant lochial discharge or decomposing animal matter. Dose: From one to five grains well diluted with water every three hours.

Muriatic Acid.—When the mucous membranes are dusky-red, and the coating of tongue brown, sordes on the teeth and lips, add to water in such quantity as will be pleasant to the patient, one drachm to water, four ounces, sweeten if desired, use as a drink until the indication is gone.

Sulphite of Soda.—Indicated when the tongue is broad, mucous tissue pal-

lid, exudations light and pasty. Dose: Five to ten grains, dissolved in a tablespoonful of water taken every two or three hours. Sometimes a larger dose will be needed.

Sulphurous Acid.—Indicated when the tongue is of normal redness, coated with a glutinous, dirty coat, bad taste in mouth at times, a sweetish breath. Dose: Ten to thirty drops in four ounces of water, a teaspoonful every two or three hours.

In my neighborhood we have just passed through an epidemic of typhoid fever, though as a rule not of a very severe type, and with most of the patients that I have seen, sulphurous acid was indicated. They got the medicine, and they all got along nicely. Every one of them was improving within three weeks and on the mend, and there was twenty-three of them.

After selecting the medicated antiseptic, we will proceed with the examination. We will examine the circulation; if the pulse is full, strong, frequent, surface flushed, we will give veratrum, from five to ten drops in water, four ounces, a teaspoonful every hour. Aconite, if the pulse is small and frequent; from five to ten drops in four ounces of water, a teaspoonful every hour.

Rhus: Sharp stroke of the pulse, sharp burning pain, pain in the frontal region and over the left orbit, tongue showing small red points on the upper surface of the tip. When the patient is restless, cannot lay quiet, this is a splendid remedy. Dose: Five drops to four ounces of water; a teaspoonful every hour. We can give this with the aconite, both in the same four ounces of water.

If the tongue is elongated, the edges and tip red, this shows irritation of the mucous membranes of the intestinal

tract. We will give for this condition, ipecac, a teaspoonful every hour; this is good for the diarrhea, if these symptoms are present; if there be tenderness or soreness of the bowels, as there usually is, we give for this condition, dioscorea, from ten to twenty drops in four ounces of water, a teaspoonful every one or two hours. We may have hemorrhage of the bowels, but we are not apt to have this condition, if we do not give cathartics, or something that has disturbed the intestinal tract. If we should have hemorrhage we will give one grain of vegetable charcoal every one or two hours.

Another indication for charcoal is a pallid, expressionless tongue, a small feeble pulse, and a tendency to hemorrhage. *Epilobium* I have found to be a good remedy for hemorrhage of the bowels, or for a profuse diarrhea with painful evacuations; dose, half to one drachm every two hours.

If the patient is restless, with flushed face, bright eyes, contracted pupils, increased heat of the head and general headache, we will give gelsemium from ten to twenty drops in four ounces of water, a teaspoonful of the dilution every hour. Or if our patient has a dull face, dilated pupils, dullness of the mind and tendency to sleep, with impaired capillary circulation of the skin, or sweating too profusely, or the skin cool, I prepare for this condition, *bella-donna*, from five to ten drops to four ounces of water, a teaspoonful of the dilution every hour, and as long as this indication presents.

I will not say more at present as to the medical part of the treatment. I could mention other medicines and the indications, but this will suffice for a good treatment for typhoid conditions. We must not give too many medicines at one prescribing. Too much medica-

tion is bad treatment. It will not take much medicine if we select the right remedies.

I have said nothing as to the temperature. We take the temperature at every visit, but not as a guide to treatment. We only take the temperature to know as to how our patient is getting along. A high temperature is not an indication for depressants. The temperature is sometimes lowered by bathing the patient in cold ice water. This kind of bathing, I believe, to be very dangerous. We may cool the skin, yet we will bring about internal congestion. When the depressants are used the circulation is apt to become very weak. The rule is to give strychnine as a vital stimulant. This is not always good treatment. Nature causes the temperature to go down gradually and slowly. As to bathing, I have my patient's body and limbs sponged with pure, soft, **luke-warm water**, with toilet soap. I do this to keep the patient clean, for cleanliness is the next thing to Godliness, and because the evaporation lowers the temperature with no shock. I have this kind of bathing done every day, slowly and by careful hands, as long as the fever is high, and have a change of the clothing every day. The gentle sponging with the warm water, as I have said, has a tendency to lower the temperature by evaporation in a satisfactory manner.

As to food, when the bowels are in a fair condition, and the patient begins to get hungry, I let them take some nourishment. If the tongue is red, I recommend that they take sour milk or buttermilk from start to finish. When they become tired of the buttermilk, I give them hot sweet-milk. Other nourishment is given in small quantities, selected with care. There is not much danger in permitting our

patients to take a little nourishment when they are hungry if it is carefully administered. If the patient's bowels are tympanitic and sore or tender, I would have the abdomen thoroughly and gently bathed with a mixture of turpentine and sweet oil, equal parts, about every four hours, with the open hand, and sometimes better still, after the bathing saturate a flannel cloth with the mixture and lay it over the bowels. I allow my patients to drink all the pure, cool water they want, no ice water. I do not boil the water, and let it cool for them to drink. I have given an outline of the treatment that has been very successful with me. I imagine some who chance to read this article will not be impressed, and will say to themselves there is nothing to it. I will say if you have a better and more successful treatment, I want to know of it; if you have anything better I wish to learn it.

Migraine.—The stomach can be justly charged with many headaches. Disorders of this organ so directly influence the condition of the central nervous system and the general circulation, that headaches are commonly induced. Two French authorities have written extensively on the fact that too rapid eating is the commonest cause of migraine. They express themselves in the following words: "Migraine is a crisis of objective hyperesthesia of the brain substance, especially of the cortex, with variable nervous radiations, all under the dependence of stimuli emanating from various organs, chiefly from the stomach, irritated by imperfectly masticated foods swallowed in too short a time, inducing overfunctioning." Gastric acidity induced by the above faults of eating must be neutralized and ultimately corrected.

CAPSELLA BURSA PASTORIS

G. F. PARKS, M. D., JUNCTION CITY, OREGON.

In perusing the October number of THE THERAPEUTIST I was forcibly impressed with the article on page 394 on the above named remedy. My experience with this remedy has been quite extensive, and I differ somewhat in my prescribing, even from the indications given by Lloyd Bros. on the bottle label. I use the remedy in cases of profuse discharges,—profuse menstrual discharge, where the menses come on to frequently, last too long, or the discharge is almost constant; profuse urinary discharges, where the urine is loaded with a thick, slimy sediment or of a brick dust deposit.

I think it works best in those women that are of a high-strung, ambitious nature, who generally do the work of two or three ordinary women. I say women, as it is a woman's remedy, although I have had good results with the remedy with some of my male patients. For these I give it in acute gonorrhœa, where they just slobber. But in these cases they must be of that high-strung nature, exceedingly anxious to get rid of that drain.

Some cases are passing large quantities of clear limpid urine, with no albumen. These cases you will find among those girls that are anxious to get out into the world to do something for themselves. I will present two or three cases to illustrate:

Case I.—Wife of a medical student that expected to graduate that spring came to me with the following history: In the second year of her husband's college course, they were burned out and lost everything they had. She at once took up her former trade—that of a milliner—and supported her husband in college. She had always been troubled with too frequent and too profuse

menstruation, and told me that they had paid out hundreds of dollars for her relief, but got no relief.

She said that while trying on ladies' hats, standing on her feet, she would flow so much that her clothes were soaked, and clots would drop to the floor. She was pale and thin, had never been pregnant on account of her excessive flowing, and her condition had been greatly increased by the excitement of being burned out, with the extra burden thrown on her to support and keep her husband in college.

I put her on ten-drop doses of capsella, four times a day, with one grain of carboveg three or four times a day. The results were all the patient or myself could ask for. In June her husband graduated, and began his life's work. About a year after he wrote me that they had the finest little girl in the state, and wanted to ask me what I prescribed for his wife. (I had always put up my own medicines.) He said he showed the medicine to all of the professors and none of them could tell what it was (they were not Eclectics). I sent him one of Lloyd's little dose books, fifth edition. He afterward wrote me that he got more real pointers out of that little book than from all his college instruction.

Case II.—I was called to see a young lady of about eighteen years of age and found her with the following history: Pale, no color anywhere on her body, except a little red spot like a flea bite on the dorsum of one foot. This spot was sore, and that was what they called me in for. She was filling two large vessels with a clear, pale urine every night, and would go to the toilet about twenty times a day besides, and sometimes she would faint from the excessive discharge of urine.

The bowel discharges were also watery.

I told her parents that I did not think she would live a month. However I would do what I could for her. I put her on ten drops of capsella every three hours and small doses of fragrant sumach and Fowler's solution every three hours alternately with capsella. The results were a perfect cure, and the next spring she walked to town every day and worked in a shop, afterwards was married and now has a family.

By the way, one of the best indications with me for fragrant sumach is a faint, all gone feeling after a bowel movement, whether it is from the loss of blood or from the profuse discharge.

Case III.—Mrs. B. brought her girl, aged fifteen years, to me, also bringing a bottle of her urine, which contained at least two-thirds of its volume a thick, slimy sediment. She gave a history of menstruating every two weeks, which lasted each time five to seven days. She could not sleep, and they had to take her out of school.

I put her on five-drops doses of capsella, four times a day, and was rewarded with a cure in a short time. I could go on in this same manner with other cases, but my article is too long already.

I graduated from the Detroit College of Medicine in 1886 (regular), but for over twenty years I have practiced and studied specific and direct medication.

My first years of practice I went to a town where there was an old German Eclectic and an excellent Homeopathist. I was the only Regular. I thought I would soon have the field all to myself, but I soon found I was not in it with their small doses fired straight at the mark.

However, they both took me under

their wing and I soon began to learn things about medicine that I never dreamed of.

Comment:—I am particularly well pleased with this paper of Dr. Park's. The doctor with his explicit, direct and exact indications, which he has learned, not from the book, but from his own personal observations, can put many of our so-called good Eclectics to shame. The position the doctor has taken, in striking out, away from his early teachings, is being taken by a great many liberal minded physicians of his own school. This speaks well for the immediate future of Therapeutics.

Is It Pellagra, or What Is It?

Mr. T. E., aged 23, a stout and robust young man, came to my office October 18 very stupid, with the following symptoms; pain in back of head and small of the back. The legs were fiery red from the feet to the knees, and very sore and tender. The same condition was present on the left side of the neck and on the left forearm; the tongue was coated with a white coat; temperature 102° F. The patient improved from the first on the use of echinacea, acetate of potassium, cimicifuga and compound cascara tablets to exercise a mild laxative influence on the bowels.

B. F. EDGINGTON, M. D.

COMMENT: The doctor has not given us symptoms enough to enable us to decide from the history of acute attacks of pellagra whether this condition can be so classed or not. The resemblance of the eruption to erysipelas, with the pain and aching in the muscles, are about the only point of resemblance. If the fiery red eruption is erythematous the resemblance is a closer one. Dullness of the mind, with occasional mania or melancholia, are common symptoms. There are certainly some points of resemblance.

Iris exercises a direct influence on the liver and spleen. It is positively a glandular remedy. It works well with phyto-lacca. It exercises a direct influence also upon the skin, in chronic skin troubles. It is valuable in extreme gastric acidity. It has been used satisfactorily in goitre. It must be used to be appreciated.

THE GALL-BLADDER FROM A SURGICAL STANDPOINT

R. O. BRASWELL, FORT WORTH, TEXAS.

It is often a difficult task to differentiate pathological lesions of the gall-bladder, from these complex conditions of the liver and stomach, or any other organ located along the viscous circle. The gall-bladder receives its nerve supply from the cœliac plexus, which is a very active part of this circle. It is not uncommon for the pain or sensation to be reflected away from the point of lesion to a sympathizing organ. We make mistakes oftener in diagnosing gall-bladder troubles than any other lesion along the route. The revelations of autopsies show the astonishing fact that in one out of every ten, gall-stones are found, while one out of every five reveal some pathological condition that existed during life.

The mortality of these cases is necessarily much higher than it would be could physicians more readily recognize the true existing conditions. Gall-stones occur but rarely in the young; they are common in middle life, and exceedingly common in old age.

Gall-stones consist of several ingredients: cholesterin, cholesterin with bile pigments, lime or a combination of these. They vary greatly in size and number. There may be but one or two stones, or there may be many small stones, even hundreds. As many as a thousand stones have been found in a single gall-bladder. The size or number have but little bearing upon the symptoms; the accompanying inflammation and the position of the stones, such that they cause obstructive symptoms, are important.

Gall-stones in the gall-bladder are accompanied by cholecystitis; in the

Read at the Texas State Eclectic Medical Society.

simple cases there occur attacks of so-called biliary colic. The patient is seized with a severe pain, usually felt in the middle line of the abdomen beneath the ensiform cartilage; there is often an accompanying spasm of the diaphragm, producing a feeling of cramp; the pain is apt to radiate to the right, and occasionally to the left side. It is often felt in the back beneath the shoulder blade; it may radiate upward beneath the sternum.

The attacks of pain last for a few minutes and sometimes linger for hours and suddenly cease. Upon the cessation of pain the patient usually vomits. The pulse remains normal and there is no rise of temperature. The absence of general symptoms of infection when the gall-bladder only is involved, is due to the fact that the gall-bladder possesses but few lymphatics, and readily distends as its contents accumulate and are dammed back by the combined influence of the inflammatory swelling of the mucous membrane, and the obturating effect of the stone, a point of great importance.

The gall-bladder readily distends; its contents are under no great degree of tension, and before absorption has taken place the potency of the cystic duct has been established and the attack is over. Following it the patient resumes his former appetite, digests well, and assimilation assumes its normal function quickly. There may remain some soreness or tenderness on deep pressure in the region of the gall-bladder, while the right rectus muscle remains tense and rigid. It is possible to differentiate gall-stone colic from acute appendicitis because in appendicular colic the pain is referred to a lower point in the abdomen, to the umbilicus, or to the right iliac fossa, and there will be tenderness and rig-

idity over the base of the appendix. Often the history of previous attacks throw some light on the diagnosis. In both conditions there may or there may not be vomiting, but usually it is present, and in many cases becomes a distressing symptom. One can usually differentiate gall-stone from kidney stone. In the kidney stone there will be tenderness upon tapping the twelfth rib or just below the twelfth rib on the point of pressure, in the direction of the kidney. The radiation of the pain in renal colic is down into the groin along the course of the ureter into the testicle, the perineum or the end of the penis, and sometimes is reflected to the hip. There will be a history of urinary disturbances and frequent changes in the urine.

The conditions demand surgical interference. The kind of operation is the only question to settle. Many good men open the gall-bladder, remove the stones and close with drainage. We take exception to this procedure because the operation does not remove the cause of the trouble and invariably the stones form again forcing the patient to undergo another operation or suffer the remainder of his life. The same pathological conditions remain after the operation that existed before. I have known gall-stones to form in eight weeks after the gall-bladder had been emptied of stones. This only unloads the rocks while the cholesterin, bile pigment and lime continue unabated to manufacture them at wholesale rate. The vessel has only been unloaded that it may be reloaded over and over again.

The logical thing to do is to remove the gall-bladder together with the cystic duct, precluding all possibility of a return of the trouble. Why curette the mucous membrane of the gall-

bladder away, thereby destroying the function of the organ, producing adhesions and leaving a functionless organ for a perpetual source of annoyance, when the logical procedure would be to remove the gall-bladder, directing the bile from the hepatic duct through the common duct into the duodenum thereby forever precluding any possibility of future trouble with the offending gall-bladder?

If this operative procedure were adopted by all surgeons, many of those distressing cases that have been neglected, putting off the operation as a "last resort," for temporary relief, would drift to the surgeon at an earlier period, when a cure could be effected without a possibility of a return of the trouble. Most cases I have seen objected to an operation because they knew the majority of such cases returned for a secondary operation, as the stones invariably formed in from a few months to several years, giving the same trouble that originally caused the patient to employ the surgeon. My method after many years of work and close observation is to remove the gall-bladder in every case of gall-stones, regardless of the condition of the mucous or muscular layers of the bladder. None of these cases should be drained except where malignancy exists as a complication, or where the common duct is permanently closed. In that event the bladder had better be drained since the drainage relieves the engorgement of the liver, clearing up the accompanying jaundice that usually exists, thereby relieving the patient of much discomfort while they patiently await the inevitable.

In such classification of cases the object of the operation is to relieve and to prolong life with no thought of making a cure. In all non-malignant cases

close the bladder without tubes or drainage of any kind. If the gall-bladder is diseased to such an extent as to warrant the destruction of its function by drainage, why not remove it to begin with and avoid the long, tedious period of unsatisfactory drainage? Could you find a surgeon who would submit to having an artesian flow of bile from his sacred anatomy, when the entire discomfort could be safely avoided? The removal of the gall-bladder is a simple piece of surgery and is no more conducive to shock than an ordinary ovariectomy or appendectomy.

The delightful goal of the modern surgeon will never be realized until the surgeons quit the everlasting, eternal habit of draining gall-bladders. It is the rarest thing possible to find a gall-bladder that should be drained. The draining of a gall-bladder for a simple catarrhal inflammation where the ducts are open, is truly unscientific and should not be tolerated by a scientific profession. There is no reason why a distended gall-bladder should be drained if the common duct is free of obstruction. Remove the gall-bladder and cystic duct, allowing the liver to free itself of its enlargement by throwing all the material directly into the bowel.

Bile is the best intestinal antiseptic known, and will correct many pathological conditions of the bowels, such as ulceration, catarrhal inflammation and constipation. I have my first case to see where the gall-bladder has been removed and where the bile flowed into the gut instead of the outside of the belly, but what all the accompanying intestinal troubles together with the obstinate constipation was relieved simultaneously with the operation. A gut with plenty of bile is a perfectly healthy organ and performs its func-

tions in a physiological way. Why leave a functionless organ with its atrophy and many adhesions when the organ can be removed with safety, leaving the surrounding parts in perfect physiological relations? The only two conditions making drainage logical is a permanent occlusion of the common duct and malignancy. All other cases can be cured by removing the gall-bladder or they are not surgical at all.

Can any scientific man, though living or dead, give a logical reason for opening the gall-bladder, remove the stones, drain the bladder and leave the cause for the formation of the stones undisturbed, viz, cholesterin, bile pigments and lime, a veritable chemical laboratory, to manufacture stones in the same old way, depositing them in the same gall-bladder to be removed at some future time or to remain a constant, persistent, pain-producing, nerve-wrecking, unbearable condition to the last river, called death, where all pain and misery give way to that eternal sleep that knows no waking?

Cardiopsis.—This condition, while seldom found, is probably often overlooked. Downward displacement of the heart has been found in a number of cases, to occur from relaxation and weakening of the supports of the heart, without apparent change in its size, or with but few symptoms within the chest, of its displacement. A case has recently been described in a Naples journal in which a girl of seven suffering from acute bronchitis was found to present the symptoms of this disorder. In nearly every case it presents irregularity of the pulse with a retarded heart beat. So far no suggestions are made as to the alleviation or cure of the condition.

NOCTURNAL EMISSIONS—PSYCHIC METHODS

GUSTAVE E. HENSCHEN, M. D., GEORGETOWN, TEXAS.

Dr. Forbes in the October issue asks assistance in the treatment of nocturnal emissions. From a fairly large practice among the college boys of my town I have gotten the best results from psychic treatment, but psychic treatment must be addressed to the intelligence of the patient or it is worse than useless.

I explain to my patients that childhood is functionally sexless. Adolescence is a normal physiological development during which sex differentiation takes place, the child becoming either man or woman, and physiologic sex life commences to make itself felt. This development from a sexually functionless child to an actively sexually functioning adult is accompanied with a certain amount of disturbance. Strange new feelings, desires, longings are experienced. Often a feeling of despondency, the memory dull and the power of mental concentration lessened, the feeling of responsibility, the fear of making life a failure—all these feelings are experienced. Then I explain that a girl suffers the same way, but that the relationship between mother and daughter is generally more confidential than between father and son, and that the mother explains to the daughter that all young people go through this stage; while the young man confides in no one, hence he does not know that all men go through these experiences.

Then I take up the matter of masturbation. It is disastrous to the mind, the body and the selfrespect. It increases the night losses and the mental distress. Still the outlook is not serious for one who discontinues it. Most

men have fallen in this error, stopped the practice and are the successful business and professional men of today. Then I tell them of the dangers of exciting their passions by toying with females or by letting their lustful thoughts run rampant. When the thoughts come displace them by going over carefully in the mind the day's occupation from arising, the people met, or go over the last sermon heard or book read. This develops memory and concentration.

I have my patients take a cold bath in the morning, care in eating, chewing carefully, deep breathing while walking with a brisk gait shoulders back, always go to bed with empty bowels and bladder, I also insist on them drinking eight glasses of water a day. If the foreskin is too tight, I slit it and show the patient if necessary how to clean the smegma from the glans.

In doing treatment I try to forget the seminal losses and treat a sick man. Laxatives, quinine, iron, nux, cactus, pulsatilla, etc. I have never used the bromides but would when needed. I have given results that have well repaid me for half an hour's serious, earnest heart to heart talk with these young men. At times just calling attention to the fact that quacks use the normal signs of adolescence to scare people with, and that normal urine has a slight mucous cloud in it after standing, has been enough to make them happy and have made cheerful, buoyant men of boys who were on the verge of despondency.

Rhus Aromatica is an efficient remedy when the kidneys are acting too freely, but when no inflammation is present. It has not been well tried in acute inflammatory cases.

APOCYNUM

J. S. NEIDERKORN, M. D., VERSAILLES, OHIO.

It has been my fortune to have realized many splendid results from the administration of apocynum, and I may say that my experience with the use of this drug has been extensive. A very recent experience with it confirms my confidence in its efficiency and further substantiates the doctrine of direct medication.

A weight of four hundred pounds fell across the thigh of a boy, fracturing the femur at its lower third, besides doing considerable damage to the tissues on the inner aspect of the thigh, with a resulting inflammatory condition of all the soft structures, including the knee joint. Subsequently, after union had taken place, the entire limb from the hip to the toes remained greatly swollen, and this swelling was oedematous—watery fullness—skin stretched seemingly to its fullest extent, glistening and pitting deeply on pressure—just as is noted in dropsy of the extremities, and this condition continued for months in spite of every treatment with which we had been repeatedly successful in previous apparent similar conditions. No swelling of uninjured limb, and chemical and microscopical examination of urine revealed nothing abnormal.

Here was a case stubbornly refusing to submit to carefully selected treatment; at least results were far from what we had good reasons to expect, and the feeling of "up and against it" wanted to crop out; and when this once comes is the time one does the hardest kind of thinking. We calculated that the extreme heavy weight did much laceration and bruising of the tissues; this, with the subsequent effect of cellular inflammation, together with probable local results of applied bandages

and non-use of the limb, was an impediment to the flow of blood through the capillaries; this obstruction and a weakened condition of the blood vessels created venous fullness which permitted exudation and infiltration, and, suddenly it occurred to me, and I wondered why I had not thought of apocynum before. I gave the lad drop doses every two hours, with the result of having all swelling in that limb removed within three weeks' time. Apocynum, in addition to being a decided heart tonic, surely in some manner exercises a direct effect upon the smaller blood vessels and capillaries. We know that it will remove watery effusion into the cellular tissues not depended upon structural derangements, and even here it frequently proves to be a valuable auxiliary to other remedies. Lloyd's Specific Medicine Lobelia is the preparation of the drug always used.

SOME GENERAL FACTS IN DIAGNOSIS SHOWN BY THE TONGUE

The dryness or moisture of the tongue denotes the extent of the disease of the intestines, and its influence on gastro-intestinal secretion, and will point us in that direction.

A fissured tongue points to the kidneys; either an inflammation, or something is wrong with secretion.

Yellow coatings are usually associated with morbid liver, and a want of biliary secretions, and would indicate mild hepatics and tonics.

Raised papillæ, bright red, denote irritation of the ganglionic nerves, and consequent irritation of stomach, especially of the mucous coatings. They show, also, exhaustion; no digestion. For this give *nux vomica*, twenty drops, and the food to be warm and taken in small quantities. Bismuth and pepsin after the food.

A broad, pallid tongue, with a loaded base, say atony, and excessive acidity, and refers us to a want of action of the entire viscera below. The remedial agents would be alkaline agents and tonics, especially those mild, but effectual in character.

A shrunken tongue, pinched in expression, indicates functional inactivity of digestion and requires great care in the choice of food, as well as in quantity. In this condition of the tongue we have atony also. It is the tongue of advanced fevers, inflammations of the mucous membranes, and want of assimilation, hence great caution must be exercised in both remedies and food. Here we must not use cathartics. Mild aperients may be carefully used.

A contracted, pointed tongue, with dryness and dark fur, is the usual tongue of typhoid fever—and other low grades of fever, when all thinking minds would use great care in the treatment and food also.

A broad, thick tongue, the papillæ not visible, but looking raw, denotes a septic condition of blood, and favors typhoid fever. Indicates, if deep red, sulphuric acid; if pale, sulphite of soda.

Deep, dark red tongue and dark coating indicates a septic condition of the blood, as well as shades of dark brown and black, which denotes a typhoid or septic condition.

Pale, dirty fur on the tongue denotes acidity, and a septic condition of the system; indicates sulphite of soda; but if the membranes are deep red, sulphuric acid will be admissible, because it would show an alkaline condition of blood.

A contracted, pointed tongue, with inability to hold it still; the tongue drawn to one side of mouth, denotes trouble with the nervous system and perhaps the brain.



ECHINACEA IN SURGICAL CONDITIONS

Editor ELLINGWOOD'S THERAPEUTIST:

The Therapeutist for October is at hand, and I have read it through several times with the greatest interest. I think the Journal is getting more interesting every month.

The therapeutics of echinacea of which there are a number of contributions this month is very interesting, and I can verify from my own experience a great deal that is said about this valuable remedy. In my locality there have been several cases of severe injuries, both to hands and feet of the farmers, from machinery, and there have been several cases of blood poisoning, all of which have been treated with this remedy.

One farmer had his right hand caught in the mowing machine, and severely crushed on its palmar surface. At first he paid but little attention to it, merely applying some liniment without washing the injured parts clean. The dirt and oil of the machine were wrapped into the wound, with the liniment. In the course of a few days the hand became inflamed and very painful. Later the entire arm was swollen, and the lymphatic glands in the axilla were swollen and very painful.

In this condition he came to me. I cleansed the whole thoroughly with a strong antiseptic solution. There was as yet no appearance of pus. I made incisions into the most prominent parts, and dressed the whole with a preparation made by dissolving two ounces of Echinacea in fourteen ounces of alcohol, to which a dram of the oil of Ber-

gamont was added. This was applied on absorbent gauze to the inflamed hand, and inserted into all the incisions. It was kept wet and covered with absorbent cotton, the whole covered with oiled silk. The next day the swelling of the lymphatic glands was gone and the arm was very much less painful. There was no change in this treatment until the inflammation had entirely abated.

This was the worst of six cases, all similar in many particulars, and all of which were treated with Echinacea as above and all with the same satisfactory results. Gauze wet with this solution of Echinacea is in my opinion in every way superior to Iodoform gauze which I previously used.

A boy, six years of age, when riding horseback was violently thrown to the ground, and was caught during the fall on a rusty barb wire on the fence at the right angle of the mouth. The mouth through the cheek was torn back to the last molar tooth; a horrible sight. This child was chloroformed and I inserted eleven catgut sutures into the wall of the cheek and used externally the wet dressing of Echinacea. The wound healed very rapidly and in ten days the dressings were removed and the scar was very much less than I expected.

I had a case of dysentery in which I used Echinacea in conjunction with other remedies. This was a severe case, indeed. There was persistent temperature of 102° F., with frequently bloody stools. I began this treatment with a tablespoonful of castor oil, I then put two drams of echinacea and ten drops of aconite in four ounces of water and gave a teaspoonful every hour. I wrote a prescription for pulverized ipecac, five grains; podophyllum, one grain; pulverized opium, ten grains; sugar of

milk, thirty grains, to be triturated thoroughly and made up into twenty-five powders, one of which was to be given every three hours. She could not take milk because the aroma produced nausea. I fed her on beef soup and brandy. The improvement was slow but satisfactory.

T. JENSEN, M. D.

Spring Grove, Minn.

TREATING APPENDICITIS

Editor ELLINGWOOD'S THERAPEUTIST:

Your journal came to hand today, and as usual I lost no time in getting into it. I soon found your editorial on Appendicitis. This did my soul good, because I observed that at least one authority could be found who was willing to speak up against the evils of this fad, which in some localities amounts to an insane one.

This section has been so deluded that a doctor who advocates anything but sure and quick surgery for the disease was at once accounted a party to the crime of negligence. It is refreshing to know that there is an inclination to return to rational, saner methods, doing away with an arbitrary method for every case, and leaving the judgment and discretion of an intelligent, experienced physician free, that he may decide for himself what should be done in every individual case.

E. P. WHITFORD, M. D.

EPILEPSY, ITS CAUSE AND TREATMENT

With a disease, the pathology of which is as obscure as that of epilepsy, any observations that will throw light upon the cause of the disorder are valuable indeed. Some neurologists have long claimed that the cause of epilepsy was largely a nutritional one, and where the patient has been properly nourished there have been less fre-

quent manifestations of the paroxysms. Recent observations have been made to determine how large an influence toxins exercise in a causative relation to the disease. One observer finds that in quite a large number of cases auto-intoxication seems to exercise a very important influence. It would seem natural then that the system be thoroughly cleansed and the blood put into the most perfect condition; the opsonic index raised to a normal point and the proper number of both red corpuscles and leucocytes be supplied and maintained. While this is being done it would seem reasonable to prescribe those remedies which, in a superlative sense, exercise a blood purifying influence. Without doubt if these observations have any basis of truth, this course will prove more satisfactory.

In the adaptation of this course the nutrition of the patient should receive careful attention, but while high nutritious foods are supplied those that are most difficult of elimination like the nitrogenous foods, should be supplied carefully, and the elimination of these products should be constantly encouraged. This rule of elimination, however, should be applied to all waste and morbid products.

It will be at once seen that our course of treatment of this disease is faulty because the sedatives we prescribe act upon the manifestations of the disease—would exercise a symptomatic influence only, and have but little influence on the actual underlying cause of the trouble.

Where there is melancholy and nervous disturbance in the early part of pregnancy, so that miscarriage seems to be threatened, a teaspoonful of asarum every two or three hours will restore the patient to normal condition.

Therapeutic Facts

SINGLE TRUTHS FROM MANY DOCTORS AND MANY
TRUTHS FOR EACH DOCTOR

Ptelia

I desire to call the attention of the readers of this journal to the value of this remedy in asthma. I had a case recently that went north for relief of this distressing malady, and while he was free from it for the time being, as soon as he returned his affliction grew worse. I put him on the remedy, giving him ten drops three times a day, using glycerine and water as a menstruum for my mixture. He expressed himself as being relieved shortly after each dose of the medicine. He carried it with him constantly and took a dose whenever he had a paroxysm. Before using the remedy he could not sleep at night except in a sitting posture, but by the use of a dose at bedtime, he could rest comfortably all night. I used the specific medicine.

H. H. HELBING, M. D.

Facial Neuralgia

In regard to your medical journal I would not exchange it for ten times the amount it cost me. It is the best, the most useful, the most instructive magazine I have yet seen. I receive it each month with genuine pleasure.

I have treated two cases of facial neuralgia successfully with gelsemium. The first had continued for a time believing there was no relief for the pain. I dropped eighteen drops of specific gelsemium into two ounces of the equal parts of lactated pepsin and water, and gave a teaspoonful every hour. In six hours she was so relieved from the pain that she discontinued the medicine.

The other patient had two drops of gelsemium every hour and liberal externally, later I applied a spray of ethyl chloride. To this patient I gave also tonics and digestives to make a permanent cure as she was weak and anemic.

I have not been using specific medicines a great while, but I find them very satisfactory, because of the precision with which we may prescribe and the certainty of results.

FRED H. CARTER, M. D.

The Dose of Echinacea

I noticed in your October journal a number of articles on echinacea, all of which give the dose from twenty to sixty minims. I think these doctors are extravagant with the use of this remedy, to say the least. I use echinacea freely and shall continue to use it as long as I obtain the excellent results that I have had in the past, but I give it in from three to five-drop doses of the specific medicine every hour, both in my puerperal and typhoid fever cases. I repeat the dose every hour and I think I get all the results required of the remedy in the small doses.

This remedy is my sheet-anchor in all septic troubles. Too much could hardly be said of its value, but I think too much can be given. What we desire is the full action of the drug, with the least possible amount. I do not believe in overtaxing the stomach or any other organ with more medicine than is necessary to obtain results.

L. H. MONTGOMERY, M. D.

COMMENT: The doctor is right in favoring small doses in fevers, but in cases of severe sepsis with extreme intoxication, it has been not only my own observation, but that of a great many who have written me, that better results with no harm has come from larger doses of this remedy. However, the total quantity the doctor would give in twenty-four hours is not so very different from that which others advise, as five drops every hour is equal to fifteen drops every three hours, and, in fact, would produce more marked results.

Nocturnal Emissions

In reply to Dr. F. L. Forbes, I would say that all the young men during callow youth, who abuse themselves sexually, have seminal emissions during maturer years that often last a long time. They have coaxed the secretion of the testicles from the vesicals seminales where it is stored for legitimate use. That bad habit causes an irritable sub-inflammatory condition of the urethra, where the seminal ducts discharge into that channel, which abnormal conditions remains a long time after the practice of masturbation has been discontinued, and it is the chief cause of nocturnal emissions, as well as of premature ejaculation during lawful cohabitation, giving rise to much connubial infelicity, especially to wives who become pregnant minus the marital sexual gratification they have sought, and which is a wife's due. These emissions often deter young men from matrimony, fearing that their sexual powers will fail at the connubial act.

There is an instrument made with which to treat these cases. It is a silver catheter having on the proximal end a small syringe. Let the doctor draw up into this ten to twelve drops of a solution of nitrate of silver, 1 to 1000, pass it down the point near the bladder neck, and inject the solution once a week for two, three or four weeks, and he will get curative results that will please him and his patients.

DAVID WARK, M. D.

Locomotor Ataxia

In two cases where this condition was diagnosed early I have put the patient upon drop doses of the tincture of phosphorus and continued this remedy three or four times daily, even while giving other indicated remedies

for a long time. With this I give five drop doses of the tincture of calabar bean, three or four times a day, with good results. At the same time I have persisted in the use of dry cups over the lower portion of the back, or even severe counter-irritation occasionally. Two cases improved under this treatment and all active symptoms of the disease disappeared.

C. G. SHAVER, M. D.

Nocturnal Emissions

In your October number, Dr. F. L. Forbes asks for help in nocturnal emissions. With your permission I will tell the Doctor my method which has as yet not failed for me.

I give 1/100 grain hyoscin hydrobromate three times each day and two of Abbott's granules of the Monobromate of camphor every four hours for three days, then two times a day for a week; then one three times a day for thirty days. I place the patient on the following:

R

Sp. Passiflora.....drams 2

Bromide Potash....drams 2

Simple syrup, q. s.....ozs. 4

M. Sig.—One dram three times daily.

This is the medicinal treatment. Of course if there are any defects with the penis, such as long foreskin or very small meatus then surgical measures are indicated. Sometimes it helps to dilate the sphincter if it is excessively tight. Please report the results, Doctor.

W. HERINGTON, M. D.

Monobromate of Camphor

In certain cases of insanity, accompanied by mild excitement, with perversion of the sexual instinct; also in certain cases of hysteria where there is

mental weakness, with a great deal of emotional disturbance, I have given the monobromate of camphor in pretty full doses, with excellent results. It is a soothing remedy to all the irritable conditions, but it does not irritate the stomach or produce other disturbances. I am sure its sedative influence in these cases is superior to any other remedy I have used, and am also sure that it is not properly appreciated.

T. F. WILLIAMS, M. D.

Nocturnal Emissions.

In a recent issue of the Therapist I noticed the article recommending ergot for nocturnal emissions. I used it for years in connection with salix nigra, but a few years ago I was given a formula that works so nicely that I have discarded all others. In asthma where there is a history of venereal excess, and the patient is compelled to get out of bed and sit at an open window to obtain relief, it will prove invaluable.

R

Fluid extract ergot.

Tinc. hyoscyamus, aa. .drs. 4

Tinc. gelsemium. drs. 1½

Peacock's Bromides, q. s.

ad ozs. 2

A. O. REPPETO, M. D.

M. Sig.—Teaspoonful at bedtime.
This is a full dose.

Echinacea as a Local Anesthetic

I notice in your October journal quite a few good articles on echinacea, but one fact brought out at our state meeting in the discussion of echinacea, was new and good to me. It was told by Dr. W. D. Holmes of Nashville, Tenn., who spoke very entertainingly of the local use of this remedy as an anesthetic, for cancers and for pain generally, and recommended it for the

toe-aches of rheumatism, boils, etc. In less than a week I had a chance to try it on myself for a painful pustule on the forehead and two applications did the work. It stopped the pain at once and aborted the pustule. I shall surely try it again.

H. H. BLANKMEYER, M. D.
Secretary Texas State Society.

Macrotys—Recurrent Boils

Macrotys did good work recently, for our college football squad in lessening muscular aching. I have used it in all cases where violent excessive muscular exercise has produced soreness or aching in the muscular structures. Two brothers—professors at our college—had recurrent attacks of boils. One I put on echinacea, the other I vaccinated with staphylococcus vaccine. I obtained perfect results in both cases.

GUSTAV E. HENSCHEN, M. D.

James Byron Van Horn of Cincinnati, E. M. I., 1905, has been appointed surgeon in the United States army, with the rank of first lieutenant.

When you consider that scarcely one out of ten applicants passes the severe physical, literary and medical examination, this seems quite an honor for any young physician, and disposes of the common assertion that Eclectics cannot get into the army and navy service.

The influence of veratrum in overcoming spasmodic conditions is widening. Where chordee is threatened it has been prevented and the condition has been relieved when present, by administering from ten to twenty drops of Norwood's tincture in one dose. To prevent it is given at bedtime. The dose may be repeated once with caution.

Ellingwood's Therapeutist

A monthly journal devoted to the study of the most direct action of drugs upon exact conditions of disease; issued on the 15th of each month.

Edited and published by FINLEY ELLINGWOOD, M. D., 100 State Street, Chicago.

Subscriptions, \$1.00 per year in advance and One Therapeutic Fact, which should be sent with the subscription.



A MATTER OF FAITH AND ACTION

With this number the third year of this Journal ends. These years have brought so much satisfaction and pleasure in the rapid growth of the Journal; in the knowledge of the wide acceptance of its principles; and in the constant assurances of its value, that they have passed rapidly.

For the coming year there will be no change of principle in *THE THERAPEUTIST*. It will continue on the same ground, with the same persistent effort, but with increased zeal and co-operation.

I have faith in the principles we are all working for; for the facts I am giving you; faith in their ability to get results.

I have faith in the sincerity of our subscribers, and in the fact that they have faith in these principles, and in these methods.

All together we have faith in persistent work, and individual observation. We are getting pleasure, and satisfaction from this method of practice. We are going to quit knocking, and give every man a boost.

We have faith that the man who applies these principles will "get there." He will get what he goes after, and getting it, he obtains a new faith in himself, a new faith in his principles, and new faith in his method of practice.

This faith reacts upon his patrons, and give them faith in him, and faith in the method he uses, and this faith helps the cure.

With this faith and universal co-operation, every man a booster and every man with a keen eye to the latest fact, we expect to take another big jump during the coming year.

Come with us, Doctor; be one of us; write for us; observe for us; boost for us, and watch the inevitable reaction for yourself. Don't fail to come, and COME NOW.

THE LIVER AND PANCREAS IN DIABETES

Since making the statements I have recently made concerning the possibility of the liver being as much to blame for the fault in the utilization of sugar, perhaps, as the pancreas, I have found some reliable authorities on the same subject. Rosslein in a German exchange published an article in 1907 in which he argued that attention enough has not been paid to the pathology of the liver, while examining the pancreas. The liver in diabetes is enlarged, of a rosy color and with a transparent or homogenous parenchyma. It is much heavier than usual. Other observations upon dogs have determined that the liver is usually enlarged when the pancreas is diseased. Microscopically the diabetic liver shows interesting changes including constant fatty changes in the stellate cells of Knoffen, and the nearly constant presence of peculiar, homogenous refractile bands along the capillaries.

Other authorities agree that there are variations in the pathological conditions of the pancreas as often as there are variations in the condition of the liver in this disease. Sauerbeck in reports of 176 cases in 1902 found pathological appearances in 62% of the cases in the pancreas. Cecil a little later in ninety cases macroscopically and microscopically examined, found only eleven normal pancreas, although in many of those abnormal the lesions were not extensive.

The little research that I have made in the literature of this subject, and the observation I have made myself convinces me that we must make a wider study of the pathology of the liver in these cases and that we must determine the relation of the pathology of this organ to that of the pancreas before we are enabled to correctly de-

termine the underlying causes of diabetes.

There is no question about the influence of the liver upon carbohydrate metabolism while there is considerable question among pathologists, not only as to whether the islands of Langerhans in their functions have any influence upon the metabolism, but whether these have any right to independent existence or not. The mass of evidence confirms the influence of these organs, however, upon the changes that take place in the carbohydrates, and this fact in conjunction with our knowledge of the action of the liver in its glycogenic function, should confirm our belief in the fact that both of these organs are implicated in this important disease.

THE REFLEXES IN ANESTHESIA

Death during the influence of an anesthetic, has been attributed almost universally to the direct depressing influence of the anesthetic, upon the heart or upon the respiratory apparatus. Some observers have mildly interrogated this common opinion, but few have gone into the subject to any extent, to determine whether or no the influences exercised might be other than those caused directly by the anesthetics.

Quite commonly has it been observed that operations upon the urethral mucous membranes, or the extraction of teeth under chloroform, has resulted in serious collapse when some other more formidable operations have been quickly recovered from. This has been in nearly every case attributed to the anesthetic, through some influence that was supposed to exist at the particular time which made the patient especially susceptible to it, without regard to the locality or to any reflex in-

fluence that might have been brought to bear.

An Italian observer has been studying the action of the reflexes in patients anesthetized, and he believes after careful observation, that there are respiratory disturbances and functional irregularities of the heart that are not directly due to the action of the chloroform or ether, but that they are due to reflex irritation, from the point on which the operation is performed.

This opinion opens an entirely new and exceedingly important field of observation. It makes it necessary to study the reflexes in a new light. Certain regions seem to be more liable to elicit these reflexes than others. Among these are the urethra, the spermatic cord, the testicles, hernias, the peritoneum, and, especially those points where the mucous membranes are connected or attached to the skin of the exterior, especially the anus.

This observer, also, believes that the intensity of the reflex condition may vary as the general irritability of the nervous system of that particular individual varies, when patients suffer from auto-intoxication, general nervous excitability, infections and also anemia. He believes that the reflex excitability should be carefully tested before the patient is anesthetized, and if this excitability is at all exaggerated the anesthetics should be administered with the utmost care, and very closely watched.

While to a certain extent reflex irritability is abolished by an anesthetic, at no time even under the deepest anesthesia, is it possible to do away with it entirely, especially in those portions remote from the nervous centers. That time in which from reflex irritation the patient is especially liable to be overcome by the anesthetic, is at the

end of the operation, when the general depression is the greatest. It is but natural then for us to suppose that the less the depression, and the less the shock there is, the less danger there is, and measures adopted to prevent shock and depression will do away to a certain extent with the danger of serious collapse.

This same observer believes that the hypodermic injection of a medium dose of morphine, administered an hour or more before the operation, does a great deal toward inhibiting this action of the reflexes. He claims that since he has given morphine for this purpose to those especially excitable, or to those in whom the region of operation was in a locality which was particularly liable to reflex influence, that he has had no accident either from chloroform or ether, and that with the action of morphine, a smaller amount of the general anesthetic is required.

While the larger part of his observation has been made under chloroform it is more than likely that they will apply to a greater or less extent to the use of other anesthetics.

It is more than likely in the light of these observations that there would be much less danger of complications from reflex irritation, if morphine hyoscine and cactin by hypodermic injection be used in proper doses, either alone, or in combination with a small quantity of the volatile anesthetic, especially in questionable cases.

NEW THEORIES OF CATCHING COLD

I have had occasion recently to write and to present the comment of physicians, on the matter of catching cold. The influence of acute cold in inducing local congestion and closing the excretory ducts of the different organs

of the body, and the disease which follows as accepted by the profession before the days of germs, is widely in contrast with the effort that is now made to explain all of the pathological conditions that follow the contraction of a cold, as the result of bacilli.

In the series of papers published in the London Lancet by Allen, the subject is presented in the light of modern scientific observation and conclusion. The author shows that there are five organisms at least that produces attacks of nasal catarrh. These are, (a) bacillus influenza, (b) the bacillus septicus, (c) Friedlander bacillus, (d) micrococcus catarrhalis, and (e) micrococcus paratetrigenus. The author claims that in a certain percent of cases in which there is no disease, these are found present in the naso-pharynx, but when from any reason the vitality of the tissue is lowered and their resistance is reduced, then there is an increase of virulence, although how they manifested virulence without activity previously, is not shown. Occasionally the infection occurs from without.

The author believes that each of these organisms produce a type of cold characteristic of itself, which may be recognized from the manifestations. This recognition is difficult, if the infection is a multiple one. He considers the deferential diagnosis of considerable value, both in prognosis and in treatment.

He believes that chronic nasal catarrh is probably always due to the bacillus of Friedlander unless the micrococcus catarrhalis has previously caused inflammation of the middle ear. Chronic catarrh of the trachea, he believes, is caused usually by the micrococcus catarrhalis. These conditions can all be made complex by the pres-

ence of infection by staphylococci, streptococci pneumococci and other pathogenic micro-organisms.

The author advises that the opsonic index be sustained as means of cure.

It seems a "far cry," indeed, from treating these conditions symptomatically, with those remedies which experience has proven to be eminently successful, to the ultra-scientific method of the injection of the corresponding bacterial vaccines as a cure for a simple attack of acute cold; to undertake to differentiate as to just which organism is the cause of that particular condition, and to secure by complex methods the essential vaccine, when according to the experience, not only of the best of practical physicians, but of even the old grandmothers, a cup of hot ginger tea and a thorough sweat with a hot mustard food bath, will secure as complete a cure, will "knock out" the entire condition effectually, if not classed as scientific.

This unlocks the secretions, unloads the congestion, gives the *vis medicatrix naturae*, a chance, and this of its own inherent power give the opsonins an upward hitch. Is not this then scientific?

The writer thinks it is more than likely that the use of these specific vaccines for the specific infections may render the patient immune to future attacks of acute cold, and he advises that those who are susceptible to frequent colds should take a systematic course of immunization every four or six months against all the cold organisms, and especially immunization against the particular organisms that may be responsible for his or her condition. This, indeed, is ultra-scientific, but the future will prove whether or not the theory is tenable.

PHOSPHORUS ELIMINATION

In the examination of many thousand specimens of urine I have never met a case of genuine occipital headache, persistent and racking, but that I found that that patient was passing a very great excess of the phosphates in the urine. On the other hand I have found many patients who would not exercise the mind to any degree, who were mentally sluggish and somewhat dull naturally without disease of the nervous system, who passed but a small quantity of the phosphates in the urine.

For years I have been impressed with the importance of the phosphorous content of the urine, and have realized that by making a study of the existing conditions, and an exact estimate of the amount of phosphorous that was present or absent in these conditions, much could be determined as to the character of the disease, and to its method of cure. It has been easy to see in my cases that when the phosphates increased, the disease increased, and when the phosphates diminished the condition of the patient improved. This can also be observed in acute disease, as in many cases it is very conspicuous.

A German writer claims that in diseases of children the quantity of phosphorous in the urine is an excellent indication as to the nutrition, growth and proper development of the infant and is an index to conditions of disease.

The tolerance for food can be determined from the urine phosphorous findings which are thus a reliable index for the diet. As the proportion of phosphates declines, the clinical picture improves. In acute gastroenteritis if the proportion of phosphates in the urine is not materially reduced by a day or two of fasting, the prognosis is bad. He is convinced that the presence of organic phosphorous in the urine of

breast-fed children must be regarded as a pathognomonic sign. In his six cases of acute gastroenteritis with fatal outcome, the proportion of phosphates showed no decline during from two to five days of fasting or merely weak tea diet.

The proportion of phosphorus in the urine should be determined frequently, and at different hours in the day and night, estimating it in relation to the amount of urine, obtaining a total oversight by comparing the various findings. They will reveal sometimes a rise or fall in the proportion of phosphorus indicating that something is wrong before it is suggested by any other sign.

HEALTH IN THE PHILIPPINES

The influence of the national supervision of health, in the Philippines, is shown by a recent report in which it is stated that of eight hundred American teachers in the Philippines, there has been, in the past year, an average of but six days' illness for every teacher in the service, and there has been for every successive year of the past four or five years, a steady decrease in all of the infective disease throughout the island, with tuberculosis in the front rank.

The bubonic plague has entirely disappeared from the islands. No case has been reported for two years. There has not been a death reported of smallpox, where thousands formerly died each year. There has been no case of loss of life and no serious infection in three and a half millions of people who have been vaccinated. It is thought that the establishment of the leper colony affords a final complete solution of the leprosy problem. The health of the white race seems to be even better than that of the darker races.

TREATING CHRONIC CONDITIONS

In studying specific methods, without realizing it we find that we are meeting the indications of acute disease, oftener than those of chronic disorders. We find ourselves educating the profession in the treatment of acute disease to a much larger extent than in chronic disease. The treatment of old standing chronic conditions is not only the bug-bear of the experienced physician, but it is a great stumbling block to the young physician.

He can attack an acute case with the expectation of accomplishing immediate results, which will impress the patient with confidence in his methods and ability. But in the treatment of chronic cases he is impatient of results, and his impatience is soon conveyed to the patient, who soon becomes impatient also, and consequently dissatisfied because the results promised are not obtained. This impatience induces the doctor to make frequent changes in his medicines, thus not giving proper time for the action of any remedy.

The changes that have slowly taken place within the system, inducing chronic pathological conditions, must take a correspondingly longer time to be corrected than those which occur quickly.

It is a mistake to be too hopeful in the expressions of a prognosis, in these cases. It is much better to say: "The patient can be cured, if he follows the advice given, and **persists** in the treatment **long enough**."

Persistency is the great essential. Cases of syphilis often demand treatment for a year, especially if they come to us after having been treated with mercurials. In one case the treatment was continued for two and one-half years.

I was consulted two years ago by a

patient with interstitial nephritis. I told him his only chance, which was a slim one, was in his persisting in the treatment. He promised to be persistent, and actually took one remedy every four hours for six months with but little perceptible benefit. He then began to slowly improve and recovered completely.

But persistency is of no avail unless the diagnosis is correct, and the correct remedies correctly directed. The principles of specific medication may be applied in these, as well as in acute cases, but there must be more—a grouping of indications, and a thoughtful consideration of causes, and of the changes in structure of the fluids or solids.

Single indications, perhaps, will hardly demand a single remedy, but a single remedy can be directed to a pathological condition which is evidenced by a number of symptoms.

To illustrate: The persistent use of proper doses of leptandrin or podophyllin will correct, in some cases, a fault of the liver which shows itself in a long train of disagreeable symptoms. The administration of minute doses of cactus grand, to improve the nutrition of the heart, and to thus regulate its action, is the only remedy needed in some cases where the disordered digestion, dyspnœa, vertigo, headaches, feebleness, constipation, cold extremities and various other symptoms had been long treated without results.

A patient presents herself for advice with a train of symptoms that apparently involve every organ in the body. At first thought, it would seem that the case was hopeless, but after a careful grouping of the symptoms—a thoughtful consideration of the actual conditions involved, which would possibly exercise an etiological influence,

we finally decide nervous exhaustion—neurasthenia to be the cause, and forced nutrition and the introduction of the direct essential chemical constituents of the nervous system to supply the waste, is all the treatment advised, with proper hygienic and dietary precautions, and the improvement is rapid.

BICHROMATE OF POTASSIUM

The bicronmate of potash has been used for several years by homeopaths in the treatment of bronchial coughs and spasmodic croup. If any of the readers of this journal have had any experience at all with the use of this remedy in any form, either in the condition named, or in any other condition in which it seems to be specific, I wish they would report their experiences to me. I have long been convinced that the remedy is a good one, but I have never tested it, although I will not say I have had no opportunity.

RATIONAL DRUG THERAPY

There is a rapidly increasing sentiment in favor of the importance and more thorough study of therapeutics. The entire profession is waking up to this importance. The Journal A. M. A., quotes Dr. Zemp of Knoxville, Tenn., as making the following statement at the Tennessee State Medical meeting; this year. This statement is very expressive, concise, comprehensive at the same time, and shows that the doctor knows what he is talking about. He certainly states the facts in the case.

He says, "Therapeutics is the keystone to the arch of medical science. It is the one branch to which all other branches must come for help. Many of its inefficiencies are due, not to the importance of drugs, but to a failure to master its principles. Improper teachings and later, neglect in its study

are responsible for many of its shortcomings. Rational drug therapy is impossible without a knowledge of the physiologic action of drugs. The use of proprietaries continually makes us hopeless cripples; routine prescribing is no better, as in both we lose sight of the fact that it is the patient and not the disease that needs attention. Erroneous ideas concerning drugs are numerous. The therapeutic nihilist is as pitiful as the therapeutic egotist is ridiculous. After years of vain efforts to discover other therapeutic means better than our drugs a great revival wave is sweeping over the profession, and we who believe in them are coming into our own."

DIET IN ALBUMINURIA

In my experience in the treatment of albuminuria and kidney disorders I devised the following diet list, which I found to be as practical as any I have ever used for patients suffering from conditions which induce albuminuria. I do not think any list can be arbitrarily applied. It must be adjusted to the individual patient; but I found this one of more general application than any other.

Must not eat—Pies, pastry, spices, rich food, greasy food, fats, butter, sugar, potatoes, rice, corn, beans, corn starch.

May eat—Fish, poultry, raw eggs, eggs rare, cooked; juicy rare beef, custards, bread, fruit, if no diarrhoea; skimmed milk, tomatoes, apple sauce, buckwheat.

Drink no liquors nor wines, eat one kind of meat only once each day, cooked without grease or fats, preferably rare broiled beef. Drink skimmed milk as nearly to the exclusion of all other drinks as possible, especially tea and coffee.

Editorial Brevities

The Advance in Therapeutics.—A writer in the Pennsylvania Medical Journal claims that one of the causes of the slow advancement of the knowledge of therapeutics is due to the use of non-official drugs. If the doctor would look at the matter in an unprejudiced light he would find that the use of a large number of non-official plant drugs would greatly advance the present knowledge of therapeutics, and he would also find that a large part of the advancement that has been made is due to the use of drugs not authorized by the faculty.

He is correct in saying that the use of nostrum is a disgrace to science and ethics. The profession is very slow to discover that a large number of remedies that are used that are brought forward by great manufacturers, especially those of Germany, are irrational, often impracticable, very narrow and unsatisfactory in their field and have not in their introduction advanced our knowledge of correct therapy.

* * *

Removal of the Healthy Appendix.—In the discussion of a paper on appendicitis, presented at the meeting of the American Gynecological Society this past winter, many physicians objected to removing the appendix, unless it was diseased. Courier, of New York, said: "We should remove nothing but diseased tissues; that which is not diseased should be left." Peterson of Ann Arbor, said, "earlier in his practice in two hundred cases where he had opened the abdomen, the appendix was removed. In half of these cases only, the appendix was diseased." Later he refused to remove the appendix, except

when it was plainly diseased, and in not one case in some years, in which he has adopted this course, has there been any subsequent disease in the appendix.

Baldy of Philadelphia invariably examines the appendix when the abdomen is opened, but has rarely found it diseased. Johnson of Washington lets a healthy appendix entirely alone. He sees no excuse for nor any ethical right to remove a healthy appendix.

* *

Pellagra.—In a number of the prominent cities in Austria efforts are being made to thoroughly study this disease, and in some of them a post-graduate instruction for research into the character, the prevention and cure of the disease, is being made, with some success. Prizes are offered by the government for observations that can be utilized in the knowledge of these disorders. Efforts are made to educate the people to substitute other grain for corn, and prizes are offered to the farmers to raise other cereals. One fact has been determined; in a locality where corn is very generally used, that is that the altitude is so great that the corn never comes to maturity and is eaten before it is ripe.

In one city of 38,000 inhabitants nearly three per cent have pellagra, and there are seventeen institutions that are supplying them with proper food.

* *

A New Remedy for Tuberculosis.—A French physician noticed that many individuals who work in a factory which produces verdigris-subacetate of copper were immune to tuberculosis, and that several who were said to have consumption after going there to work recovered quite rapidly. He discovered that they inhale the dust of this copper

salt, and that it had a direct influence in the lungs. He obtained a quantity of the powder and treated thirty patients systematically by allowing them to inhale this dust at given intervals, usually twice each day.

In every case there was a plainly apparent influence upon the cough and expectoration. All were benefited somewhat and some were very materially benefited by the treatment.

* *

The Temperature in Anesthesia.—Surgeons as a rule are very careless, in many cases criminally careless, concerning the temperature of patients exposed for an operation. The anesthesia in every case reduces the temperature; the exposure reduces the temperature; so does also the shock, and all of these influences are increased by applying wet applications around the seat of operation. The reduction from ether alone is very great, and that from chloroform is only second to it.

The patient should be kept covered, warm applications should be made instead of cold, and the time will come when the anesthetic will be given with warm air. If the temperature is sustained, there is much less shock, less danger of other kinds, and a much more rapid restoration. An excellent article on this subject appeared in the April number of the Johns Hopkins Bulletin.

* *

Inherited Syphilis.—An investigator in Breslau has been watching the history of one hundred and one children who inherited syphilis. Seventy-six have lived; one third of these have shown persistent manifestation of syphilis. In only seven cases has the treatment been unsatisfactory. The children have developed as normal as other children, and the opinion of the investigator is that under appropriate

treatment the prognosis is not as unfavorable as it is generally considered. The general condition in these he reported as being excellent in forty per cent, and fair in thirty-seven per cent of the cases.

* *

Restoration from Drowning.—I am anxious to collect statistics of those cases of restoration in which heat has been used, as in the method of Professor Whitford. Quite a large number of physicians have for several years been determined to follow the doctor's suggestions, whenever an opportunity was afforded and I would like to obtain reports from those who having taken their patients directly from the water, have either put them into a hot bath or wrapped them in a hot blanket or have poured a stream of very warm water over the surface of the body, according to the doctor's method.

He claims that there is immediate spasm of the glottis, and that there is no water in the lungs, but that the patient suffocates, and that the carbonic acid poisoning and very rapid reduction of the temperature, are the conditions to be contended with, and that no effort need be made to empty the lungs of water as there is no water in the lungs, unless the patient has been many hours under water. No one has ever used the doctor's method without recognizing the extreme rational character of the treatment.

* *

Justifiable Abortion.—It is common for some physicians to try to make themselves believe that they are justified in producing an abortion because of some minor condition or some condition of environment or of circumstance with which the patient has to contend.

A German writer claims that only

two or three conditions justifies interruption of pregnancy. One is uncontrollable vomiting, the other is tuberculosis, and the last is a condition of deformity which would interfere with natural expulsion. But with many this last is no longer considered justifiable, because the Cesarean operation has been so greatly simplified, and the mortality when skillfully performed, is so very low that it is counted as a justifiable and dependable procedure.

* *

Heredity of Sudden death.—Among the many conditions that have been attributed to heredity that of a tendency to sudden death has previously been included. In a paper published in the Medical Press, Paris, an observation is reported on six families in which there were fourteen members that died suddenly, three only of these were women. In every one of these cases there was a history of the occurrence of periods in which syncope occurred, in some of them greatly prolonged. Every case was instantaneous from the interruption of the heart's action.

The probabilities are that stimulated by this report other observations will be reported which will establish the fact that there may be a hereditary inclination to such a condition as this.

A French writer claims that since 1890 in his obstetrical practice he has had about two hundred cases of deformed pelvis, where surgical operation was unavoidable. This is an exceedingly unusual experience and would probably be received with incredulity. The observer, Pinard, claims that he has performed symphyseotomy in 141 cases, the Porro operation in twenty-two cases and the Cesarean section in thirty cases. He believes the latter operation is justifiable in all cases of extreme deformity, but not until

labor begins. It is best done before the cervix is fully dilated. In every one of his thirty cases both the child and the mother were saved. This certainly is an unusual experience, and it seems doubtful if it would be borne out by the experience of other observers.

In the Philippines there is a mosquito which transmits malaria, that breeds in salt water as well as in fresh water.

* *

Epsom Salts as a Hypnotic.—Our friend, Dr. Vogler, writing in the *Journal of Clinical Medicine*, says a friend of his told him that on several occasions, of which he had known, where there was constipation or indigestion, with sleeplessness, especially if there was flatulence, one teaspoonful of the sulphate of magnesium in a glass of water, taken at bed-time, or at the time the inconvenience was observed, was followed in a very short time by quiet and restful sleep. Dr. Vogler claims that this remedy has been tried often enough to confirm this influence, when the conditions are right.

* *

Hematuria in its pathology is obscure. There have been a number of cases in which the kidney post-mortem seemed normal. In others where the kidney was exposed to determine the cause in persistent cases, nothing pathological was found. These are now classed as idiopathic, but the difficulty in controlling the hemorrhage is not lessened by our ignorance of the causes.

In a wide experience, in the treatment of these cases, I have found some which seem to depend upon apparently severe causes, to be readily controlled, while others, in which there was no apparent cause were extremely persistent. One case was apparently, correct-

ly diagnosed as tubercular; the hemorrhage had persisted for eighteen months, when it was controlled by simple measures, the patient recovering her health.

In another case, there was nothing whatever to excuse or to account for the persistent hemorrhage which every remedy that had ever been used for that purpose failed to even temporarily relieve. This, however, was a rare case, the only one of its kind I have ever met. Most of these can be controlled by the proper application of remedies.

* *

Injection of Ergot into the Muscular Structures of the Womb.—Some of our writers have reported to us results obtained from this use of Ergot when the hypodermic action and every other known remedy had failed to produce uterine contractions. The needle of the hypodermic syringe is plunged through the abdominal walls and into the wall of the uterus. The fluid is then expelled into that structure. This is undertaken at a time of severe hemorrhage. It may be necessary to introduce the fingers or the hand into the uterine cavity and to push the relaxed wall of the structure up against the point of the needle in order to determine when the needle has properly entered the wall of the womb. Uterine contractions under this process are said to be immediate and much more permanent.

* *

Increase of Cancer.—It is surprising how public sentiment has changed in the last few years concerning this malignant disease. It is plain that the disease is becoming more common. In the last decade up to 1900 there was an increase in the United States of twelve cases per 1,000. In six years up to 1906

there was a plain increase in all the common forms of cancer.

It is now estimated that in England, one person out of eleven and one woman out of eight, past thirty-five years, die of cancer, and in the United States, one man out of thirty-two, and one woman out of eleven is said to die of this disease. More women die of this disease than of phthisis. This seems incredible. The statistics were given in a paper, read at the Philadelphia County Medical Society.

* *

Veratrum.—One writer has recently brought out an important fact concerning this remedy that it provides for its own elimination. He claims it is not a dangerous drug, and if obtained in good active state it can be used safely not only in Eclampsia, but in localized inflammation, active congestion, and in sthenic fevers in larger doses than have been usually advised.

I have told my students for years, that it is the safest of the heart sedatives, because it is absolutely devoid of erratic properties, and that it can be adjusted to every patient, in such a way as to obtain its fullest medicinal effect without unpleasant symptoms. However, when given in very large doses for its immediate influence, the physician must stay by and watch the results and discontinue at the proper moment.

* *

Restriction of the Pelvic Circulation in Operations.—In operations upon the uterus and upon the rectum or other structures within the pelvis, Momberg has recently advised the application of a stout rubber tube to be wound around the waist and drawn tight enough to stop pulsation in the femoral arteries. By so doing the upper portion of the body in its circulation and especially

the upper portion of the abdomen is shut off, and by raising the pelvis high, the circulation in the pelvis is so retarded that but little blood is lost. By protecting the body against chill, the shock as well as the danger of infection, he claims, is very greatly reduced.

* *

Importance of Diagnosis.—To those who are anxious to make a success of the specific method of applying drugs to the exact conditions, I would impress upon their minds the fact that they must recognize the exact conditions in all of their exactness; in other words, exact diagnosis of conditions with this method is just as important as an exact knowledge of the exact action of drugs upon that condition. It will be noticed that I lay a great deal of stress upon the presentation of small items which contain a diagnostic fact. I desire to keep these positive and reliable facts constantly before the minds of the readers.

Our department of diagnosis will be found always to present more or less detail that is very apt to be overlooked. We must attend to detail in diagnosis. We must get down to the fundamental facts; we must pay attention to little symptoms, that sometimes seem to have no significance when in reality they are very important, as they may point to important conditions.

* *

Ustilago Madis.—Since I first used this remedy in 1882 I have been confident that it has a place in Therapeutics, definite and distinct from that of the ergot of rye. Corn ergot is mild in its action, but positive and reliable when given for exact conditions. Unlike the rye ergot it increases uterine pains in an intermittent manner, and operates somewhat like macrotys in

overcoming the tendency to persistent contractions, with great irritability. It relieves the irritable conditions to a degree but increases the expulsive character of the pains.

Its tonic influence upon the muscular fiber of the womb, will be found to be considerable and when prescribed with reference to this effect with any other indicated remedy it will produce good results. It influences the circulation of the cerebro-spinal centers much as the ergot of rye, but is rather more manageable.

A mild current of electricity passed through the stomach will increase the digestive power of the stomach and stimulate the absorption of the food products. There are many cases in which a pain in the stomach, especially that due to nervous conditions is quickly relieved by electricity.

* *

To Prevent Eclampsia.—It is but reasonable to believe that if puerperal convulsions can be anticipated, that remedy which soothes the irritation of the nervous system will prevent the convulsive attack.

A Russian writer has had hospital experience with 360 cases in St. Petersburg, and reduced the mortality to six per cent, by keeping a vigilant watch for every indication that would point to uremia and the danger of convulsions. In suspicious cases he gave the patient strong nerve sedatives whether the immediate indications pointed to them or not. He gave chloral and small doses of morphine and had the patient inhale oxygen freely, hastening the delivery in those cases where the convulsions appeared early. He is very enthusiastic as to the advisability of this course.

Many of those who have had experience in the treatment of acne in

girls, will find that in nearly every case there is a fault with the pelvic circulation. When this difficulty can be overcome, the eruption if it does not heal spontaneously, become very amenable to treatment; on the other hand it is very difficult to cure the condition until pelvic irritation and especially uterine displacements are entirely corrected.

* *

Prevention of Tonsilitis.—A French writer claims that chronic tonsilitis can be prevented by keeping the teeth and gums and even the tongue thoroughly scrubbed with dry bicarbonate of soda, applying the remedy in this thorough manner, just before retiring each night. He believes the germs that produce the disease accumulate in these localities while the patient is asleep.

Another French writer gives yeast internally to cure otitis and abscess that forms in the ear and persists in the use of this remedy where there is a tendency for these to recur.

* *

Medical Treatment for Wounds.—It is not generally known that the iodide of potassium in five grain doses, three times a day, given to patients who have suffered from deep and severe wounds, will materially assist in the healing of these wounds—will promote a more rapid cure.

Where a patient has been poisoned by hydrocyanic acid, hydrogen peroxide given in the stomach in full quantities will antagonize the effect of this poisoning.

In persistent cases of chronic cystitis, one ounce of each of the fluid extracts of corn ergot and mitchella in a decoction of triticum, six ounces, given a tablespoonful every three or four hours will produce very satisfactory cures.

Gelsemium in Colds.—So prompt is the effect of Gelsemium upon the nervous structures of the head, and through these upon the circulation, not only of the post-nasal passages, but of the entire body, that a few doses of this remedy every hour or two, to a patient who has contracted a severe cold, will produce very satisfactory results. For all we know this remedy so well, but few of our physicians realize how many unpleasant conditions which result from acute cold in the winter can be headed off by this course. A dram of the medicine in three ounces of water, in teaspoonful doses every one-half hour given through the early stage of this condition, produces a general soothing effect and a quick restoration.

THE TEXAS STATE ECLECTIC MEDICAL SOCIETY

The twenty-sixth annual convention of the Eclectic Medical Association of Texas convened at Dallas, Texas, Hotel Southland, October 26, 27, 1909. Second Vice President M. F. Betten-court, presiding.

New constitution, changing the dues to \$4 per year and showing Texas an auxiliary to the National, ratified and adopted. One hundred and ten dollars was voted as the proportion of the Eclectics of the \$1,000 fund to enforce the new medical laws of Texas, raised by all the physicians.

Professor John Uri Lloyd, Cincinnati, Ohio; Dr. D. W. Holmes, Nashville, Tenn.; Dr. R. E. Sawyer, president of the Oklahoma Eclectic Medical Society; Dr. J. D. Mitchell, president Texas Homeopathic Society and member State Examining Board; Drs. R. O. Braswell and T. J. Crow two other members of the board, were distinguished visitors.

Professor Lloyd was requested to ad-

dress the students of the Baylor College, for which occasion our society adjourned to accompany Professor Lloyd and accept the invitation to come with him and inspect the magnificent college and hospital which is the finest in the state. Special cars were furnished free of cost and a nice lunch provided at the hospital.

Professor Lloyd made one of his best talks which was enthusiastically received and published in full in the press.

The following eight new members were received:

Drs. W. W. Wimer, Honey Grove; Anna B. Bonebrake, Dallas; Sarah Phillip, Plano; E. F. Heard, Goree; W. E. Morrow, Trenton; E. H. Bellamy, Dallas and A. L. Henderson, Fort Worth.

San Antonio was chosen for the next place of meeting.

There are probably no business men who are more careless about their business than physicians. They are constantly losing their property, and especially their account books and valuable papers, by fire. No doctor should be without a Safe. I have made a special arrangement for a Doctor's Safe for a very low figure with the oldest and most reliable safe company in Chicago, who have a special rate for subscribers of this journal which will be found eminently satisfactory. Besides the special Doctor's Safe, the same terms pro rata can be made for the purchase of boxes and small safes, or vaults or vault doors, to any of our readers who are interested in banks, or other business requiring vaults. You get the "rake-off" in this, not I. I will explain to you about it if you write to me direct, or you can write directly to the company. See advertisement.

Books

THE YOUTH'S COMPANION

Of all readable Journals that come to this table there is none that so perfectly meets the demand of not only the young people but the busy adults for good, highly entertaining, profitable and timely articles as the Youth's Companion. It may be but well stated that this Journal draws on the widest possible list of contributors for its articles, and these at once appeal to readers of all classes.

Among the contributors are noted educators, famous men of all nations, explorers, missionaries, the heads of the departments of every nation, and the most famous story writers. For family reading this Journal certainly has no peer. It is in itself an educator which exercises a refined and high moral influence, and only good can come from its persual. It is to be regretted that we have not a larger number in the same class.

PEDIATRICS CHANGES HANDS

It is with no little gratification that we learn that Dr. W. E. Fitch has purchased Pediatrics and will henceforth edit this well known publication. Dr. Fitch has long been connected with medical journalism as editor of Gailards Southern Medicine, and he will bring to Pediatrics a ripe experience both as editor and publisher. He is a graceful as well as a brilliant writer, and has contributed extensively to medical literature.

We understand that Dr. Fitch contemplates many changes in Pediatrics and with a staff of collaborators which includes many of the country's fore-

most pediatricists, this excellent journal is certain to achieve new successes in its special field. Dr. Fitch is a true Southern gentleman and his name on the editorial page is ample assurance of the high and honorable plane on which Pediatrics will be conducted. If the sincere good wishes of the many friends of both Pediatrics and Dr. Fitch mean anything there can be no doubt of the good work that will be done in an exceedingly important branch of medicine.—From American Medicine, Oct., 1909.

PHILADELPHIA NUMBER

The American Journal of Surgery will produce in December a Philadelphia issue of their journal, the subject matter of which will be composed entirely of contributions from among the contributors are as follows: "A consideration of the diagnosis and treatment of Retro Displacement of the Uterus" by E. E. Montgomery, M. D., Professor of Gynecology, Jefferson Medical College. "Polypoid growth of the Rectum and report of a recent case," by Lewis Adler, Jr., M. D., Professor of Diseases of the Rectum, Philadelphia Polyclinic. "Tumors of the Urethra in Women," by Barton Cooke Hirst, M. D., Professor of Obstetrics, University of Pennsylvania. "The Control of Hemorrhage During Pregnancy," by Edward P. Davis, M. D., Professor of Obstetrics, Jefferson Medical College. "Cyclodialysis," by Walter L. Pyle, A. M., M. D.

LOCATION

WANTED—An Eclectic physician to take field I am about to vacate. Residence to sell (\$1,650) on easy terms. No other Eclectic within 12 miles. DR. JNO. R. YOUNG, Tower Hill, Ill.

Single Truths
from
Many Doctors
and
Many Truths
for
Each Doctor



A Journal
of
Specific
Medicine
Presenting
the most
Direct
Potent
Positive
Practical
Rational
TRUTHS
Known to the
Profession
To-day



Subscription
Price
\$1.00 per
Year
In Advance

Ellingwood's Therapeutist

Finley Ellingwood MD.

EDITOR AND PUBLISHER

100 STATE ST., CHICAGO

Vol. 3, No. 12



Dec. 15, 1909

OUR MOTTO

To Learn the Truth. To Prove the Truth.
To Apply the Truth. To Spread the Truth.

OUR CREED

The truth from all, for all, and to all, without regard to the creed of the individual.

OUR FAITH

That all disease will ultimately be subdued, in whole or in part, by remedial measures;

That failure to cure disease is due to our lack of knowledge;

That Therapeutic nihilism is the deadly foe to Therapeutic progress;

That the study of the clinical action of the single drug is the true method of drug study;

That each drug acts directly and invariably upon one or more exact conditions of disease, and must be so studied and known;

That with such knowledge perfected, we can immediately and successfully prescribe for conditions of disease, with which we have not previously met.

For Children

in cases where a deficiency of salts in the organism is apparent, the essential complements are to a great extent supplied by

Welch's Grape Juice

made from the pure juice of only the choicest, selected Concord grapes and insuring the full nutrient value—the grape sugar, gluten, mineral salts and fruit acids—all in easily assimilable form.

Welch's Grape Juice is sold by leading druggists everywhere. 3 oz. bottle by mail 6c, pint bottle, express prepaid east of Omaha, 25c. You will be interested in our booklet, "The Food Value of the Grape." Sent free to physicians.

— THE —
Welch Grape Juice Company
Westfield - New York



BOVININE



SEND FOR
SAMPLE

RECONSTRUCTIVE FOOD AND TONIC

BOVININE represents the most valuable combination of Food and Tonic elements known to the medical profession.

BOVININE has proven clinically to be most valuable in all forms of Tuberculosis.

BOVININE enables the nerve cell to assimilate its specific elements, which it fully supplies.

BOVININE promotes the metabolism of fat and albumin in muscle and blood, thereby restoring the bodily health, strength and normal powers of resistance.

BOVININE supplies full and complete nutrition through its Food and Tonic properties.

THE BOVININE COMPANY
75 West Houston St., New York City

TABLE OF CONTENTS

LEADING ARTICLES

The Essential Principles of Nutrition with Reference to the Dieting of Pregnant Women—

FINLEY ELLINGWOOD, M. D. 445

Typhoid Fever—

F. O. HARRISON, M. D. 458

Capsella Bursa Pastoris—

G. F. PARKS, M. D. 456

The Gall Bladder from a Surgical Stand-point—

R. O. BRASWELL, M. D. 458

Nocturnal Emissions—Psychic Methods—

GUSTAVE E. HENSCHEN, M. D. 461

Apocynum—

J. S. NEIDERKORN, M. D. 462

LETTERS

Echinacea in Surgical Conditions—

T. JENSEN, M. D. 464

Operating in Appendicitis—

E. P. WHITFORD, M. D. 465

Epilepsy, Its Cause and Treatment. 465

THERAPEUTIC FACTS

Ptelia 466

Facial Neuralgia. 466

The Dose of Echinacea. 466

Nocturnal Emissions. 467

Locomotor Ataxia. 467

Nocturnal Emissions. 467

Monobromate of Camphor. 467

Macrotys—Recurrent Boils. 468

Nocturnal Emissions. 468

Echinacea as a Local Anesthetic. 468

Is it Pellagra? 468

EDITORIALS

The Liver and Pancreas in Diabetes. 469

The Reflexes in Anesthesia. 470

New Theories of Catching Cold. 471

Phosphorus Elimination. 472

Health in the Philippines. 473

Treating Chronic Conditions. 473

Rational Drug Therapy. 474

Bicarbonate of Potassium. 474

EDITORIAL BREVITIES

The Advance in Therapeutics. 475

Removal of the Healthy Appendix. 475

Pellagra 476

A New Remedy for Tuberculosis. 476

The Temperature in Anesthesia. 476

Inherited Syphilis. 476

Restoration from Drowning. 477

Justifiable Abortion. 477

Heredity of Sudden Death. 477

Epsom Salts as a Hypnotic. 478

Hematuria 478

Injection of Ergot into the Muscular Structures

of the Womb. 478

Increase of Cancer. 478

Veratrum 479

Restriction of the Pelvic Circulation in Opera-

tions 479

Importance of Diagnosis. 479

Ustilago Madis. 479

Prevention of Tonsillitis. 480

To Prevent Eclampsia. 480

Medical Treatment for Wounds. 480

Gelsemium in Colds. 481

The Texas State Eclectic Medical Society. 481

BOOKS

The Youth's Companion. 482

Pediatrics Changes Hands. 482

Philadelphia Number. 482

Auto Intoxication

RHEUMATISM

Acid Intoxication

**Successfully Treated without the use of the Salicylates,
Iodides, or Alkalies**

Clinical results have proven **RHEUMATOL** the most efficient of all antirheumatics, in fact almost a specific. It stimulates the excretory organs, promotes elimination of toxic materials from the body, and promptly relieves the inflammatory manifestations. Indicated in acute and chronic conditions.

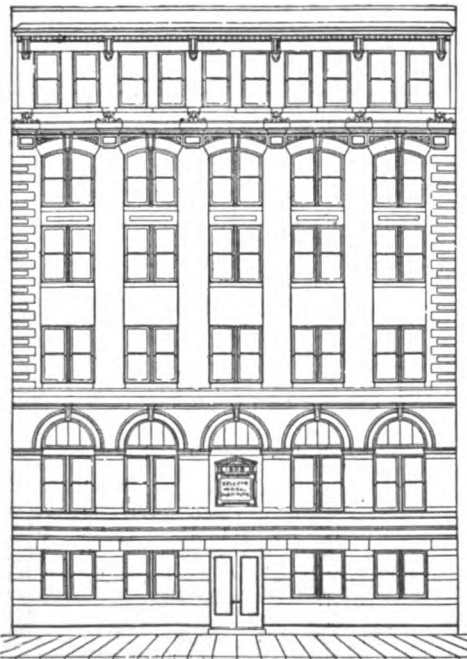
Sample and formula on request

T. F. EATON

Montello Station

BROCKTON, MASS.

The Eclectic Medical Institute CINCINNATI, O.



New Building at 630 W. Sixth Street.

Chartered by the Ohio Legislature March, 1845;
Charter Amended December 28, 1908.
A medical college not for profit.
Open to men and women.

**New Building. New Laboratories.
New Equipment.**

Admission.

The college admits men or women of seventeen years of age, with high school diploma or equivalent amount of education, to be certified to by the Ohio or other State medical board.

Course.

The college year begins Monday, September 19, 1910, and continues thirty-two weeks to Wednesday, May 3, 1911. Second semester, half term, begins January 3, 1910. The course of instruction occupies four years. No advanced standing is given graduates in dentistry, pharmacy, veterinary medicine, midwifery or osteopathy.

Tuition.

The charge for tuition is \$90.00 per year, payable annually on matriculation. No extra charge for matriculation, laboratories or graduation.

Hospital Instruction.

The college clinics are held daily from 8:30 to 10:30 A.M., at the Seton Hospital, 629 Kenyon Avenue. Medical and surgical cases are solicited. No charge for operations. Rooms in hospital at reasonable rates. Students also attend the general lectures at the Cincinnati Hospital and Longview Asylum.

**JOHN K. SCUDDER, M.D., Secretary,
CINCINNATI, O.**

A Few Established "Winter Remedies"

No more can it be accepted that "WINTER REMEDIES" are used only in diseases that occur at that season, than that diseases prevalent in summer are restricted only to that season. However, bowel troubles and such affections prevail more often in the heated season, (see July, 1909, Bulletin), whilst pneumonia, rheumatism, and kindred affections abound in the season of cold winds, snow, and sleet. Each season results in an increased use of the season's remedies, hence the aforementioned respective terms. The WINTER REMEDIES mentioned on this page, (described in full in the December, 1909, Bulletin), are all important, and should be on every physician's list.

LIBRADOL.—(For the quick relief of pain.)—The relief is often instantaneous, the result, lasting. **Uses.**—In colds, croup, broncho-pulmonic troubles in general; in acute inflammation of the lung or soreness depending on congestion; in lumbago, superficial or deep-seated pains of a rheumatic, chronic or acute form; in sore muscles and joints.

COMPOUND STILLINGIA LINIMENT.—**Uses.**—An old remedy, efficient for the relief of long-standing and obstinate coughs. If there is an affection of the larynx, apply to the throat. *Shake well before using.*

SALICYLIC ACID.—MADE FROM GAULTHERIA (TRUE WINTERGREEN) OIL.—This superior form of Salicylic Acid has stood for over twenty-five years in unquestioned reliability. Preparations labeled by us as made from Gaultheria (Wintergreen) Oil, are not made from Oil of Birch. We make no Salicylic Acid or its salts from synthetic oil.

SPECIFIC MEDICINES.—[Uses and Doses on each Label.]

BRYONIA.—**INDICATIONS.**—A hard, vibratile pulse, flushed right cheek, frontal pain extending to basilar region, irritative cough. **Use.**—An anti-rheumatic; in diseases of the serous membranes; in pleurisy and pneumonia.

MACROTYS.—**INDICATIONS.**—Muscular pains, pains increased by muscular contraction, uterine pains with sense of contraction. **Use.**—For rheumatism, and for muscular pains, also a remedy for inflammation of fibrous tissues. To relieve after pains, false pains of labor, and in uterine rheumatism.

PRUNUS.—**Use.**—To relieve irritation of the lower branches of the pneumogastric, or irritation of the stomach, with cough—gastric or hepatic cough.

IPECACUANHA.—**INDICATIONS.**—Irritation of mucous membranes, with increased circulation. **Use.**—To relieve irritation of the gastro-intestinal mucous membrane, a remedy for vomiting, especially for cholera infantum, and for dysentery. To arrest hemorrhage from any portion of the body.

LOBELIA.—**INDICATIONS.**—Full oppressed pulse; oppression of the chest with difficult respiration. **Use.**—In minute doses, a vascular stimulant. A single large dose relieves angina pectoris, and diseases of the chest of a similar character. Favors dilation of the cervix uteri in parturition, and is classed as a specific for rigid os.

STICTA.—**INDICATIONS.**—Pains in the shoulders, extending to neck and back of head. **Use.**—A remedy in rheumatism and chronic coughs.

SANGUINARIA.—**Use.**—A stimulant to diseased (atonic) mucous tissues, bronchitis, laryngitis with cough and tickling or dryness of the throat, nasal catarrh with little or no discharge, and in derangement of digestive functions.

SENEGA.—**INDICATIONS.**—A relaxed condition of the mucous membranes. **Use.**—As a most active local stimulant to the respiratory tract.

COLLINSONIA.—**INDICATIONS.**—Sense of constriction, with irritation in throat, larynx or anus. **Use.**—In ministers' sore throat; in chronic laryngitis, chronic bronchitis, and some cases of gastric disease. It allays irritation in some cases of urinary disease, and relieves or cures hemorrhoids when the above indications are present.

EUPHRASIA.—**INDICATIONS.**—Acute catarrhal disease of mucous membrane, especially when attended by profuse secretion of acrid mucus from eyes and nose, with heat and pain in frontal sinus. **Use.**—In respiratory and intestinal troubles with these indications. A specific for acute rheumatic, catarrhal or scrofulous inflammation of the eyes.

Lloyd Brothers' Dose Book gives the uses, dose and price of 195 Specific Medicines and of thirty other special preparations. The July (1909) Bulletin carries thirty-two pages concerning "Summer Remedies." The December (1909) Bulletin on "Winter Remedies" is in press. These are mailed free, to physicians, on request.

LLOYD BROTHERS, CINCINNATI, OHIO

The BULLETIN-JOURNAL

—OF—

ANIMAL THERAPY

(For Nov. 1909)

Will richly entertain you, even though you are not interested in its objective. We guarantee the entertainment, and will send it free of charge to any registered physician.

THE ANIMAL THERAPY COMPANY

(Formerly The New Animal Therapy Co.)

72 Madison Street (Corner State), CHICAGO

PEACOCK'S BROMIDES

In Epilepsy and all cases demanding continued bromide treatment, its purity, uniformity and definite therapeutic action insures the maximum bromide results with the minimum danger of bromism or nausea.

CHIONIA

is a gentle but certain stimulant to the hepatic functions and overcomes suppressed biliary secretions. It is particularly indicated in the treatment of Biliousness, Jaundice, Constipation and all conditions caused by hepatic torpor.

FREE SAMPLES AND
LITERATURE TO THE
PROFESSION, UPON
REQUEST.

PEACOCK CHEMICAL CO., St. Louis, Mo.

PHARMACEUTICAL CHEMISTS

HUMAN HANDS HAVE NO PART IN MANUFACTURING

Antiphlogistine

INFLAMMATION'S ANTIDOTE

From the moment the ingredients are placed in the specially designed compounding machine until the nurse removes the finished product from the sterilized container at the bedside, every move in the making is done by machinery and under the most rigid antiseptic precautions. By preventing exposure it is possible to conserve to the highest possible degree Antiphlogistine's hygroscopic properties.

No plastic dressing can be mixed in a mortar box with a hoe or in an ice cream freezer or even with a druggist's mortar and pestle and possess any scientific value. Its hygroscopic and osmotic qualities are necessarily ruined, owing to absorption of atmospheric moisture.

THE DENVER CHEMICAL MFG. CO.
NEW YORK

PRUNOIDS

AN IDEAL PURGATIVE MINUS CATHARTIC INIQUITIES

A real advance in the therapy of intestinal constipation.

SENG

A STIMULATOR OF DIGESTIVE PROCESSES

Used alone or as a vehicle to augment and aid the natural functions of digestion.

CACTINA PILLETS

CEREUS GRANDIFLORUS IN ITS MOST EFFICIENT FORM

A persuasive Heart Tonic to improve Cardiac nutrition.

SAMPLES AND LITERATURE
SENT TO PHYSICIANS.

SULTAN DRUG CO., St. Louis.

The Success of Listerine is based upon Merit

The manufacturers of Listerine are proud of Listerine—because it has proved one of the most successful formulæ of modern pharmacy.

This measure of success has been largely due to the happy thought of securing a two-fold antiseptic effect in the one preparation, *i. e.*, the antiseptic effect of the ozoniferous oils and ethers, and that of the mild, non-irritating boric acid radical of Listerine.

Pharmaceutical elegance, strict uniformity in constituents and methods of manufacture, together with a certain superiority in the production of the most important volatile components, enable Listerine to easily excel all that legion of preparations said to be "something like Listerine."

"The Inhibitory Action of Listerine," a 208-page book, descriptive of the antiseptic, and indicating its utility in medical, surgical and dental practice, may be had upon application to the manufacturers, Lambert Pharmaceutical Company, Saint Louis, Missouri, but the best advertisement of Listerine is—

LISTERINE

Clinical

FUNCTIONAL NERVOUS DISEASES

A large proportion of all nervous disorders can be traced to faulty nutrition. To effect their prompt and permanent relief

Gray's Glycerine Tonic Comp.

is of exceptional therapeutic value. This powerful tonic stimulates functional activity throughout the body and substantially aids the absorption and assimilation of nutriment. Nervous affections of functional origin usually disappear as the normal nutritional index is re-established. Samples on request.

THE PURDUE FREDERICK CO.
298 Broadway, New York

Notes

AKARALGIA

A Remedy for Migraine

DEAR DOCTOR:

The medical treatment of Migraine without the use of coal tar products commends itself to every physician.

You will appreciate the advantage of such a treatment as outlined by Dr. B. K. Rachford in his paper, "The Treatment of Migraine" [sent to your address upon request], a treatment employed by him with great success in his special practice for many years.

THE FORMULA

Sodii sulphatis (dry).....	30 grains
Sodii salicylatis (from natural oil)	10 grains
Magnesii sulphatis.....	50 grains
Lithii benzoatis.....	5 grains
Tinctura nucis vomicae.....	3 drops
Aquae destil q. s. ad.....	40 ounces

Prepared in form of a Granular Salt.

Expressed briefly it embodies the following essentials:

Attention to the reflex factors which may produce the paroxysmal attacks.

The treatment of auto-intoxication with an effective combination of well-known remedies.

The simplicity and palatability of this prescription; proper attention to the dietetic and hygienic treatment.

The original prescription called for Sodium Salicylate—*Merrell*, and, to insure the use of this salt and for convenience in prescribing, it has been put up in the form of a granular effervescent salt, called Akaralgia.

The formula suggests its use and we believe you will agree with us as to the rationality of the treatment outlined.

Yours very truly,

The Wm. S. Merrell Chemical Co.

N.B.—Prescribe "Akaralgia"—Merrell. Carried in stock by druggists generally.

G. H. BOBERTZ, M. D.
PRACTICE LIMITED TO GENITO-URINARY DISEASES
562 WOODWARD AVENUE
DETROIT, MICH.

Subject:

Aphrodisiac Suppositories:

The best new thing for certain troublesome cases. Harmless, yet potent. Of interest to every progressive physician.

Dear Doctor:

Curing impotence in a new way, that is just what my APHRODISIAC SUPPOSITORIES are doing.

For the treatment of Impotence, prostatic disorders, gleet, etc., I am offering the medical profession something New, something Different, something very much Better than has ever been prepared before.

In common with most physicians, I realized long ago the utter worthlessness of the routine treatment of sexual disorders. Many years' experience in the management of these cases proved to me that in a majority of patients the causative factors are to be found in a chronic congestion and irritation of the prostate, seminal vesicles and urethra. My APHRODISIAC SUPPOSITORIES exert a specific influence on these conditions and will therefore be found speedily curative in prostatic disorders, ejaculatio-praecox, Spermatorrhoea, prostatorrhoea, mucous discharges, gleet, urethral and vesical irritation, etc., thus proving indirectly a sexual restorative of exceptional merit.

Many of my medical friends are now using my Suppositories (either alone or in conjunction with appropriate internal treatment) and the results are so favorable, that I have decided to offer this remedy to the Profession in general. All I ask, Doctor, is that you give my APHRODISIAC SUPPOSITORIES just one trial. I know the results are certain to please you.

Yours very sincerely,

G. H. BOBERTZ, M. D.

P.S.--Formula, etc., with every box. Price \$1.50 a box. Four boxes \$5, cash with order, prepaid by mail.

Schuessler Tissue Remedies

We are prepared to furnish the TISSUE REMEDIES of Schuessler in any potency desired, either in powder or tablet form. The purest materials and most approved methods are used in their manufacture. As to our standing and the reliability of our products we refer by permission to the editor, Dr. Ellingwood

PRICES:

Twelve Schuessler Tissue Remedies

In Trituration (powder form.)					Complete Set	
4 oz. (8 oz. bottle)	-	-	-	-	\$0.35	\$ 4.00
8 oz. (12 oz. bottle)	-	-	-	-	.60	7.00
16 oz. (24 oz. bottle)	-	-	-	-	1.00	12.00
In Tablet Triturates					Complete Set	
4 oz. bottle	-	-	-	-	\$0.50	\$ 5.00
12 oz. bottle	-	-	-	-	1.00	10.00
24 oz. bottle	-	-	-	-	1.75	18.00

Each bottle bears a label giving the characteristic symptoms of the remedy contained. The best book on the Tissue Remedies, "The Twelve Tissue Remedies of Schuessler," net, \$2.50; by mail, \$2.70. Complete catalogue mailed free on application.

HALSEY BROS. CO.
Chicago Homeopathic Pharmacy, CHICAGO



K.O. DOUCHE FOR THE APPLICATION OF
GLYCO-THYMOLINE TO THE NASAL CAVITIES

GLYCO= THYMOLINE FOR CATARRHAL CONDITIONS

Nasal, Throat
Intestinal
Stomach, Rectal
and Utero-Vaginal

KRESS & OWEN COMPANY

210 FULTON STREET NEW YORK

NORTH SHORE HEALTH RESORT

WINNETKA, ILL.

Fronting Lake Michigan and Sheridan Drive;
sixteen miles from Chicago, on C. N. W. R. R.

Built and especially equipped for
the treatment of Diseases of the
Digestive Organs, of the Heart,
of disorders of Metabolism by
means of diet, Hydrotherapy,
Graduated Rest, and Exercise;
Massage, etc.

Ideal Place for Convalescents.

Write for Descriptive Booklet.

L. H. HIRSCHFELD, M. D.

Physician in charge.

CANCER OF THE STOMACH

with its accompanying nausea and
vomiting, responds usually within a
week to the

PROTONUCLEIN

treatment, and after these symptoms
have disappeared there is an in-
crease of appetite.

In fact every case of cancer, espe-
cially those of a carcinomatous type,
should be put at once on PROTO-
NUCLEIN, for it strengthens them
if an operation is decided on later
and seems actually to prevent fur-
ther invasion of the glands.

If given after an operation it
builds up and shortens the time of
convalescence.

Full literature and samples can be
obtained by addressing

REED & CARNICK

42-44-46 Berman Ave.

Jersey City, N. J.

Let's Think:

The selection of the remedy—its form and quality—is as much a factor in the cure of disease as a correct diagnosis. Readers of this journal are all, we apprehend, *truly* Eclectic, in the sense that they are keen to investigate all of the facilities brought to their notice which are helpful in their professional work, but financial success depends upon keen discrimination in matters of business, as well as in the exercise of their professional duties.

Judgment, not prejudice, should hold first place in the selection of medicinal preparations uninfluenced by early impressions, personal environment, or that atmosphere of mysticism with which some manufacturers are disposed to surround their products.

The Normal Tinctures of the Merrell Company are what they claim to be and—no more. They are in effect solutions of the active medicinal constituents of drugs in pure grain alcohol, unchanged by chemical action. They are called "Normal"—that is, *the standard*,—after the analogous use of the word in volumetric analysis and in other instances in science.

The Normal Tincture represents its own weight of the drug from which it is made and it is a definite and uniform equivalent of such drug. Each minimum represents one grain of the crude drug from which it obtained, and drugs containing alcohol are standardized by the same process of assay and physiological test as are prescribed by the best scientific authorities. Vegetable drugs which are injured by the drying process are manipulated in the undried or partially dry state, but the resultant product—the Normal Tincture—is standardized by the amount of dry drug it would produce.

Normal Tinctures commend themselves to those who wish to avoid the elements of uncertainty on the one hand, and the objectionable "copyright" feature on the other. They will be appreciated by all physicians who realize the importance of accuracy in dosage, reliability in quality and that confidence which grows out of a full knowledge of the medicinal strength of the remedies they prescribe.

Our booklet entitled "Normal Tinctures"—therapy and doses, with indications and use, method of administration, an accurate clinical index and other and valuable information to the active practitioner—will be sent by mail free upon request.

One word more: You have remedies which are favorites in your practice. Would you like to try a sample of a Normal Tincture of this favorite remedy? If so, write for it, and it will be sent promptly, cheerfully and without charge.

"The test of merit is the only fair test."

The Wm. S. Merrell Chemical Company

CINCINNATI



NEURILLA FOR NERVE DISORDERS NEURILLA

If Patient suffers from **THE BLUES** (Nerve Exhaustion), Nervous Insomnia, Nervous Headache, Irritability or General Nervousness, give four times a day one teaspoonful **NEURILLA**

Prepared from *Scutellaria Lateriflora*,
Passiflora Incarnata and Aromatics.

DAD CHEMICAL COMPANY, NEW YORK AND PARIS.



Dr. Becker's Compound Digest

Is prepared from enzymes obtained by special processes from the digestive organs of food animals and fowls.

It is free from opiates and does not clash with other indicated remedies.

It has been successfully employed for twenty-five years in the treatment of dyspepsia, indigestion, dysentery, chronic diarrhoea, sick headache, sea sickness, constipation, insomnia, heart-burn, vomiting of pregnancy and cholera infantum.

Put up in 50c and \$1.00 bottles, either powder or tablets, and sent prepaid on receipt of price.

Dr. Becker's Compound Digest Co.,

107 Dearborn St., Chicago

The McMillen Sanitarium FOR MENTAL DISEASES

Suburb Columbus, Ohio

Citizens' Phone 4406

**For Men and Women
All Classes of Insanity Admitted**

**Alcoholic, Morphine and other
Drug Habits Treated**

We receive and care for patients suffering from any form of disease with mental complications. Our equipment is kept up to date. We offer good care, night attendants, comfortable rooms, good table and constant personal supervision.

The Columbus, New Albany and Johnstown Street Cars to Door

The building is warmed by hot water. Our lawn is ample and well shaded. Patients here find rest and comfort while being treated. Write us, state patient's condition in full and ask for rate and circular.

Professional Correspondence Solicited

BISHOP McMILLEN, M. D., Supt.

Address, SHEPARD, OHIO



Union Park Maternity Home

ESTABLISHED 1894

A Strictly Private Home Retreat for Unmarried Girls and Women during Pregnancy and Confinement, with best Medical Care, Nursing and Protection. A Home found for the Infant by Adoption. All publicity avoided.

For Particulars and Terms address,

CHARLES S. WOOD, M. D., 1522 Carroll Ave., Chicago

NEW BOOK ON

RECTAL DISEASES

Their Diagnosis and Treatment by
Ambulant Methods



—BY—

J. D. ALBRIGHT, M. D.

Author of The General Practitioner as a Specialist; Business Methods of Specialists and Editor of the Office Practitioner.

A Comprehensive and Practical Treatise on the Conservative or Office Treatment of Non-Malignant Diseases of the Rectum and Anus, by Ambulant Methods.

In these days of specialism, when so large a number of physicians are deserting the ranks of the general practitioner, to seek fame and fortune along the lines of specialties, it is somewhat strange that the extensive and fertile field of Rectal Diseases is so frequently overlooked and so generally avoided. There is no specialty in medicine in which the material is so plentiful; the indications for treatment so clearly defined; the results so generally satisfactory; the patients so uniformly grateful, and the opportunities for proper remuneration more excellent. No branch of medicine has been so universally neglected, yet there is none in which proficiency can more readily be acquired, nor any in which the development of a profitable office practice is more certain.

The key-note of this book is Practicability. The author's experience in conservative rectal surgery and as a personal course teacher, has taught him to recognize the needs of the physician-student; and in the preparation of this work, the essentials of diagnosis and of descriptive technique, have ever been kept in sight.

The book is divided into 18 chapters; contains 455 pages; 28 plates with 34 original wash drawings; 4 colored plates and many text illustrations. Cloth binding \$4.00. Full Leather, \$5.00. Sent prepaid to any address.

A twenty-four page Prospectus, showing sample pages and specimens of the illustrations, will be sent on request. Address the publisher,

J. D. ALBRIGHT, M. D.

3232 North Broad St.
PHILADELPHIA, PA.

"THE BAIR CABINET"



This is the best, inexpensive instrument cabinet made. It is neat in design and conveniently arranged. The upper compartment is 34 in. high, 16 in. deep and 24 in. wide, white enameled inside and fitted with four glass shelves, which are held in place with a copper bracket, a device no other cabinet has. These shelves are so spaced that the instruments may be easily seen and easy of access. The door is fitted to close against a felt strip, making this compartment absolutely dust proof and air tight, thereby keeping the instruments entirely clean, aseptic and free from rust.

The lower part is 22 inches high, with two compartments, each fitted with a disappearing, Florentine glass door, mounted on our new steel slide, which carries the door up and back, making each part easily accessible, without disturbing the contents.

This cabinet is 63 inches high, 16 in. deep and 24 in. wide. It is made of selected quartered oak and finished in Golden Oak or Early English.

Price, Plain Glass, Double Strength, - - - \$25.00
Price, with plate glass shelves, - - - 30.00
Price, with plate glass shelves, beveled door and slides, - - - 35.00

—Made by—

MAPLE CABINET MANUFACTURING CO.
Des Moines, Iowa

Write us for our catalogue on sectional bookcases

ERGOAPIOL

(Smith)

For

AMENORRHEA DYSMENORRHEA MENORRHAGIA METRORRHAGIA ETC.

ERGOAPIOL (Smith) is supplied only in packages containing twenty capsules.

DOSE: One to two capsules three or four times a day. < < <

SAMPLES and LITERATURE SENT ON REQUEST.

MARTIN H. SMITH COMPANY, New York, N.Y., U.S.A.

Doctors Specialists Surgeons

**For Your
Accounts
and
Valuable
Papers**



**For
Instru-
ments
and
Jewelry**

This safe is the product of nearly 100 years of actual practical experience, and will give a greater degree of protection than any other safe made. Special offer to readers of this magazine.

Write for Particulars

Donnell Safe Co.

200 Washington St., Chicago

1910 ANTIKAMNIA TABLET CALENDAR



FAC-SIMILE—REDUCED

EVERY Physician in the world will receive a copy of this beautiful Calendar on January 1, 1910 and in the meantime we hope he will remember that "Antikamnia Tablets" and "Antikamnia & Codeine Tablets" are giving just the same excellent results that they have given for the past twenty years.

THE ANTIKAMNIA CHEMICAL COMPANY—ST. LOUIS, U.S.A.

**ENSIGN
PHYSIOLOGICAL
FOODS**

DEAR DOCTOR:

Have you some chronic cases which are giving you trouble and not yielding to your present prescriptions? Have you cases which you consider incurable, like Diabetes, Bright's Disease, Paralysis, Locomotor Ataxia, Chorea, Epilepsy, Arthritis Deformans, and other diseases which are down in the textbooks as incurable? Let us advise you to give these cases Biochemic Treatment. Not the abortive twelve-salt system of Schuessler and his followers,

but the full, complete system as represented solely in the Ensign Remedies. We add to the twelve salts found in the ashes of the dead body those other elements which are necessary in the processes of life and the healthful operation of the various organs of the animal body. We get results—that is the point. We do not suppress disease, but eliminate it. We change the disease state; most systems are content with removing disease products and getting rid of distressing symptoms. We obtain the latter through a curative action. We supply deficiencies and restore functions. We follow the natural law and thereby get exact results. Biochemistry is a science.

We have reports from doctors which would sound extravagant to any one unacquainted with our system. One doctor from North Dakota says: "I have cured hopeless, given-up cases; I have cured cases pronounced incurable except through the use of the surgeon's knife, and I have cured cases which the surgeon would not dare to touch." A doctor from Indiana reports the cure of arthritis deformans, impotency, sexual weakness, varicocele, and hydrocele in his first report. And so it goes all over the world, for we send remedies to all countries. A doctor in Bahia, Brazil, reports astonishing results in a large number of cases; another from Godavari, India, is getting started in good shape and is very enthusiastic over results in a district where malaria is very destructive. And so we could multiply cases enough to fill volumes.

But what we want is to have you test the remedies for yourself. You can do this readily and at little expense. Send for some of our literature and read what we have to say. It will pay you in cash by giving you professional success far beyond your expectations. Success in practice means financial success. The Ensign Remedies will get you the business. We do not expect you to sell them as Ensign Remedies, but to prescribe them upon indications which we furnish.

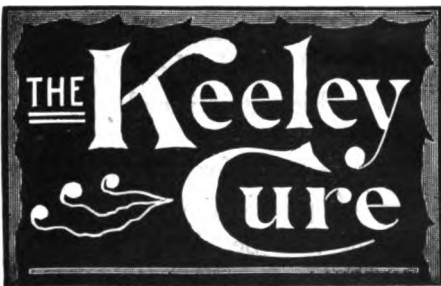
WRITE US TODAY

ENSIGN REMEDIES CO.,

Department Q,

Battle Creek, Mich.

CANADIAN OFFICE: WINDSOR, ONT.



Positively Cures

**Alcoholic Inebriety
Opium, Morphine
Cocaine**

and other

Drug Addictions

27 YEARS OF CONTINUOUS SUCCESS PROVE

First, That the Keeley Cure CURES Addictions.

Second, That general health of the patient is ALWAYS improved.

Third, All patients leave us SATISFIED and ENTHUSIASTIC; they are our best advertisements.

**Printed matter and particulars by mail in sealed plain envelope.
All correspondence strictly confidential.**

The Keeley Institute

Chicago Office Suite 986 Rector Bldg., 122 Monroe St.
Telephone Central 3255.

DWIGHT, ILL.

ELLINGWOOD'S THERAPEUTIST

DOCTOR BEGINNING TODAY

IS JUST THE RIGHT TIME TO SEND IN YOUR
ORDER FOR THIS JOURNAL FOR THE YEAR 1910.

¶ *Don't delay a moment.* This Journal has had almost an unprecedented success in the short time it has been running. It is reaching now nearly 5000 physicians, and *these doctors are shouting its praises constantly.*

¶ Beginning with the December number this Journal will come out on time promptly for the whole year. We have made some very radical changes in its management. It will reach the subscribers before the first day of the month on which it is issued.

¶ We are planning some especially attractive features for the coming year. We will have a full number of practical, excellent Leading articles, and every other department will be filled to its utmost, with that which every doctor can use. *It will gain in every issue.*

¶ We want every subscriber of 1909 to remain with us for 1910. To keep you with us, doctor, *you must send us an order* to continue the subscription. The dollar, of course, is very important. The "fact" which is apart of your subscription is equally important, but your name with the order is also important. *Let us have that, anyhow.*

Terms: One Dollar a Year in Advance; and "The Fact."

ELLINGWOOD'S THERAPEUTIST PUB. CO. 100 State Street
CHICAGO

The Eclectic Treatment of Disease

— BY —

FINLEY ELLINGWOOD, M. D.

This book is now complete in two convenient handsome volumes, of over 1100 pages. It is in every sense a comprehensive work

— ON —

THE ECLECTIC PRACTICE OF MEDICINE

But in the department of Treatment, no writer has undertaken to include so many practical suggestions

IT IS EXHAUSTIVE IN TREATMENT

It presents the very latest methods in Direct Drug Action

It adapts Exact remedies to the Exact conditions of each disease

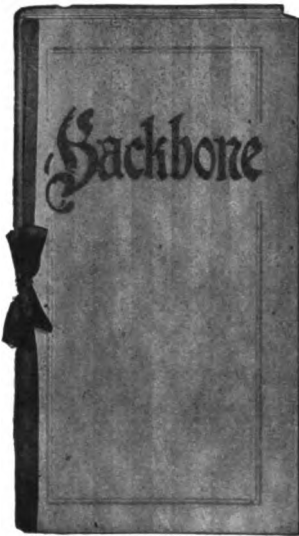
It presents the specific action of drugs in the most specific manner known

Nearly one-half of the first edition was sold before the second volume was off the press

The 2 volumes, cloth \$6.00 - - Half morocco \$7.00

Write to Finley Ellingwood, M. D., 100 State St., Chicago, for full information or send your order direct

A Bouncer for the Blues



¶ Hints for the Prevention of Jelly-Spine Curvature and Mental Squint—A Straight-up Antidote for the Blues and a Straight-Ahead Sure Cure for Grouch.

¶ The Optimism and Healthy Good-Cheer of Backbone gives the inspiration to look on the "Sunny Side of Things"—Everyone needs a little encouragement at times and all will benefit by its reading—Backbone contains 80 pages of gloom-dispelling philosophy, the best of the "Keep-a-pushing" poetry and hundreds of remarkably good sayings, mottoes and aphorisms of our ablest men. A few of the Backbone Bracers are the chapters on Character, Cheerfulness, Purpose, Success, Opportunity, Progress, Worry, Persistence, Self Improvement, Training, Little Things, Courage, Self Confidence, Mistakes, Thoroughness, Enemies, Love, Criticism, Duty, Work, and a dozen other Subjects.

¶ These chapters are introduced with splendid original articles by Dr. W. O. Abbott, Dr. Geo. F. Butler, Hon. Geo. B. Cortelyou, J. D. Albright, A. S. Burdick, W. F. Waugh, G. Frank Lydston and others.

¶ This is just the book for the reception-room table and to give as a souvenir or present to your friends, patients and family.

¶ Eighty pages with Art Cover and Silk Cord. Price 50 cents. Discounts in quantities. Money Back if not Satisfied.

ADDRESS

S. DEWITT CLOUGH
RAVENSWOOD
CHICAGO

AGENTS WANTED

Announcement

The Chicago Clinic and Pan-Therapeutic Journal has changed its name! Hereafter it will be called

Practical Therapeutics

and will devote its pages to practical, cosmopolitan medical journalism.

Each issue will be of special interest to every progressive general practitioner.

AN UNUSUAL OFFER!

To double our subscription list within the next 60 days we have made a fortunate arrangement which enables us to give new subscribers a premium of exceptional value.

SEND ONE DOLLAR

for a full year's subscription and you will receive a coupon or check on one of Chicago's best clinical laboratories for a complete examination of one specimen of urine, stomach contents, feces, blood-smear, pus, milk, or sputum without charge!

At least three dollars for one—service that will be genuinely helpful to you in your work—a medical journal that will be of real practical value each month—and your patient pays the freight!

Practical Therapeutics

72 Madison Street
Chicago, Ill.

DRUG AND LIQUOR HABITS CURED

Our Proposition: We will take any case of liquor or drug habit, no matter how long used or quantity taken or their present physical condition, we positively guarantee a perfect cure in three weeks. **"No cure; No Pay."**

Our Treatment is painless and harmless; no suffering; no padded rooms or barred windows or doors. When you leave our Sanitarium, you will know that you are cured. You will be free from all aches and pains; have no craving or desire for the stimulant; you will be eating and sleeping well. We make no assertions that we can not positively prove. *Write for full information to*

THE HORD SANITARIUM

SHELBYVILLE, INDIANA

Unguentine

"THE FIRST THOUGHT—BURNS"
THE TEST of TIME proves its merit as the dressing for surgical cases, scalds, wounds, ulcers, bedsores, pruritis, and all inflammatory surface lesions.

ADJUNCTS of UNGUENTINE

Are adaptations of this formula, right size and shape for easy intra-oral use

- (1) Rectal Cones.
- (2) Urethral Crayons.
- (3) Nasal Wafers.
- (4) Uterine Pencils.
- (5) Vaginal Pessaries.

Write for sample of any adjunct.
THE NORWICH PHARMACAL CO.
Laboratories: NORWICH, NEW YORK.



A Maternity Home

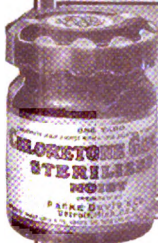


which is run in an ethical and Christian manner. We do no abortion work. Our home is run in a quiet and orderly manner. We assist patients in keeping their baby when they are in a position to do so. If not we find the infant a home and keep full records as to its disposition, and in all things comply with the law and ordinances.

We invite Physicians to visit our place. Make full investigation before sending us patients. We meet patients at the train and look after them carefully while under our care.

Anna Ress Sanitarium

1900 S. KEDZIE AVENUE :: :: CHICAGO, ILL.



Medicated Gauzes

IN HANDSOME STERILE PACKAGES



CHLORETONE GAUZE.

Air-tight glass jars, each jar containing one square yard of moist absorbent gauze treated with a 10-per-cent. Chlorotone solution. AN ANTI-SEPTIC DRESSING, invaluable in surgical operations after incision and suture, lacerated wounds, contusions, burns, ulcerated cavities, etc.

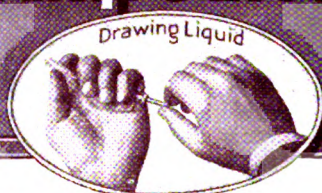
FORMIDINE GAUZE.

Same style of package as Chlorotone Gauze. Each jar contains one square yard of moist absorbent gauze treated with a 5-per-cent. suspension of Formidine. TAKES THE PLACE OF IODOFORM GAUZE, upon which it is a distinct improvement, Formidine being non-toxic, non-irritating, free from offensive odor, and an active germicide.

YOUR DRUGGIST WILL SUPPLY YOU.

Adrenalin

Ampoules



NOW READY!

Ampoules of Adrenalin Chloride Solution, 1:10,000

(1-Cc. glass containers)

FOR HYPODERMATIC INJECTION.

Adrenalin Chloride Solution has hitherto been marketed only in ounce vials, and in the strength of 1:1000. For a long time, however, there has been an insistent demand for a weaker solution and a smaller package. *It is now ready for your specification.*

DIRECTIONS—Break off the neck of the ampoule at the file-mark, as shown in the illustration. Use an ordinary hypodermatic syringe. Insert the point of the needle behind the shoulder of the ampoule—not to the bottom. (See cut.) Elevate the bottom of the ampoule as the piston of the syringe is withdrawn, and the contents can be removed to the last drop.

Marketed in boxes of 1 dozen.

PARKE, DAVIS & COMPANY

LABORATORIES: Detroit, Mich.; Walkerville, Ont.; Hounslow, Eng.

BRANCHES: New York, Chicago, St. Louis, Boston, Baltimore, New Orleans, Kansas City, Minneapolis; London, Eng.; Montreal, Que.; Sydney, N.S.W.; St. Petersburg, Russia; Bombay, India; Tokio, Japan; Buenos Aires, Argentina.

